JPRS-TEP-85-019

4 November 1985

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT

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CANADA

MEASURES TO DEAL WITH AIDS PROBLEMS DISCUSSED

Dental Patients

Vancouver THE SUN in English 14 Aug 85 pp A1-A2

[Article by Charlie Fidelman]

[Text] The University of B.C. hospital will not do dental work on AIDS victims even though Vancouver dentists are referring them there for treatment, the hospital president said Tuesday.

Several Vancouver dentists surveyed Tuesday said they will deal with AIDS patients in the same manner they treat hepatitis carriers--by referring them to a special clinic at UBC.

But hospital president Robert McDermit said treatment at the Health Sciences Centre is out of the question for acquired immune deficiency syndrome victims.

One AIDS victim, who asked to be identified only by his first name, Brian, said he was rebuffed by numerous dentists, including the UBC clinic, before finally finding a sympathetic practitioner.

Brian said he understands the dentists' position.

"It is their livelihood. But if something doesn't happen within the dentist community, I'm a little afraid that some patients might not reveal they have AIDS."

Dentists reached by The Sun said the program at UBC has the same sterile conditions necessary to protect health-care givers from carriers of hepatitis B, a highly infectious virus transmitted through body fluids.

But McDermit said B.C.'s 36 known AIDS victims will not receive dental help at the UBC hospital. "We don't have a program for treating AIDS patients and have no intention of starting one."

Because of the hospital's tight financial situation and the lack of resources, "hepatitis patients are the only ones we will treat," McDermit said.

Two years ago, Brian told his dentist he had AIDS. The dentist "turned me away, saying he does not have the right facilities," said Brian, adding most people would not recognize him as having the usually fatal disease.

"He didn't do it out of animosity but out of fear," he said, declining to reveal the dentist's name.

Brian said he tried many dentists, including the UBC medical clinic and dentists he knew to have a large gay clientele, but "got nowhere."

He said he only wanted his teeth cleaned because AIDS accelerates plaque growth.

Last year, Brian finally found a dentist to treat him. He said the dentist does not want to be identified.

Practictioners are concerned they may be at risk in contracting the disease, said Brian Rocky, deputy registrar for the College of Dental Surgeons.

"Dentists are human, too, and that's why they haven't openly embraced helping AIDS patients."

Bob Tivey of AIDS Vancouver said two dentists have come forward to say they will treat AIDS victims. Another two who were approached by Tivey agreed to give dental care "because they understand the problem."

Tivey said there have been 62 reported AIDS victims in B.C., 26 of whom have died. Most of the other 36 live in the Vancouver area, he said.

AIDS Vancouver has been bombarded by callers wanting to know if their dentist is treating AIDS victims, said Tivey. The four names are confidential but will be available for AIDS victims seeking dental help.

In a random survey Tuesday by The Sun, five of 10 dentists said they would refer AIDS victims to the UBC clinic. One dentist said he would do the dental work himself in a hospital environment.

The dentists say they are not prepared to avoid contamination because many offices are not equipped to be completely sterilized after a contagious patient. The major concern is the "hand pieces" such as drills, many said.

One dentist who asked not to be identified said he handles AIDS patients in his office.

"We glove, we mask, we gown and we sterilize all our equipment, same as with hepatitis carriers."

Another dentist said he would provide dental help to anyone in his office.

"I feel morally obliged to treat anyone," said Dr. Hans Hielmann of Richmond. "Ethically, I couldn't refuse anyone especially if he was in pain."

One dentist said he was not sure what he would do if approached by an AIDS victim for treatment.

Only two of the 10 dentists surveyed said they would have nothing to do with AIDS victims.

Dr. Paul Bild also said he would not treat AIDS patients because he does not have the facilities.

Bild said he knows of some dentists who treat AIDS patients and most of them practice in the evening.

Incidence, Planning

Vancouver THE SUN in English 21 Aug 85 p A3

[Article by Anne Mullens]

[Text]

A major game plan must soon be established in B.C. to cope with the projected doubling of AIDS victims by the end of the year and each year thereafter, Vancouver AIDS experts say.

The call for concerted effort to deal with AIDS, seen as one the most serious diseases in modern times, came Tuesday from doctors, government officials and support workers attending the official opening of AIDS Vancouver's new Davie Street office, where information on the disease and support to its victims is available.

Federal Energy Minister Pat Carney, MP for Vancouver Centre, cut the ribbon for the new office while key provincial players in the battle against AIDS looked on.

Dr. John Blatherwick, medical health officer for the city of Vancouver, said although the medical, educational and emotional needs of AIDS victims and concerned individuals are now being being well met, it won't be long before services and staff will be inadequate to cope with the number of expected victims.

"We need a major game plan to handle the projected numbers," Blatherwick said.

"We have to figure out what we need and tell the appropriate adminstrators and government officials. That includes designating more hospitals — preferably teaching hospi-

tals — setting up hospices where AIDS patients can go to live as opposed to die, (and) sharing information among the medical profession so everyone is on top of the situation."

According to statistics from Ottawa's Laboratory Centre for Disease Control, as of Aug. 19 there were 69 reported cases of AIDS in B.C. Of those, 39 of the victims are still alive.

It is conservatively estimated that by the end of the year there will have been 120 cases of AIDS diagnosed in B.C., of which half the victims will still be alive. Vancouver doctors estimate it will double each year — if not every six months, as is the case in U.S. cities such as Seattle.

In the last two months, an AIDS advisory board has been established to deal with such issues as blood testing and education. As well, representatives at the official opening Tuesday decided to meet informally at least once a month to discuss various AIDS issues and plan for the future, Blatherwick said.

But Blatherwick said the provincial government, because it is responsible for the delivery of health care, should now be overseeing the establishment of a comprehensive plan to ensure all the proper services are in place, "before we get swamped."

Blatherwick's concerns were repeated by several other AIDS experts at the official opening.

"There is only a small core of doctors now treating AIDS patients," said Dr. Hilary Wass, a hematologist at St. Paul's Hospital who specializes in AIDS cases. "We have a core group of six family physicians and a team of specialists (dermatologist Alastair McLeod, respirologist Lindsay Lawson, gastroenterologist Linda Rabeneck, infectious disease specialist Robert Chan and Wass).But there is real threat of doctor-burnout. We need to get more physicians involved."

Wass said it would help to have a social worker and a dietitian become involved in the team as well as other doctors.

Wass said recently St. Paul's had 13 AIDS victims at one time in the hospital. "That stretched us to the maximum. I doubt we would be able to cope with any more than that at one time. We need to begin expanding to other hospitals."

Part of the problem could be alleviated if a special home or hospice were created, enabling some AIDS victims to get out of the hospital and into an environment that is medically supportive but more home-like, said Glen Saunders, a director of AIDS Vancouver.

"We are in the intitial stages of planning a hospice where AIDS patients can receive care," Saunders said.

"San Francisco has developed a program of hospices that allows for much shorter hospital stays — about 15 days compared with an average of 40 in New York. We hope to develop something like that."

Dr. Michael Rekart, a specialist in infectious disease from Los Angeles, was hired two months ago by the provincial health ministry to run its testing program for AIDS and venereal-disease control programs. He said education to help prevent the further transmission of AIDS and undue fear about the disease is one of the areas on which B.C. should focus.

Vancouver School Guidelines

Vancouver THE SUN in English 13 Sep 85 p A1

[Article by Wendy Long]

[Text]

The city's chief medical officer said Thursday he has sent the Vancouver school board guidelines to follow if a student is diagnosed as having AIDs.

"I have now received the guidelines from the Centres for Disease Control in Atlanta and I am recommending in a letter to the school board these be the guidelines assumed for Vancouver schools," Dr. John Blatherwick said.

Blatherwick said his approval of the Atlanta guidelines was made in light of recent stories about student AIDS sufferers.

A student at a Montreal public school kept at home after it was learned his mother died of AIDS returned to classes today after school officials said doctors told them the child posed no risk to other students. Students in New York have boycotted classes in two school districts to protest against a decision to allow a student suffering AIDS to attend public school.

"I think they (the guidelines) are excellent, given the sorts of things we have been hearing in the news and the lack of any consistent guidelines to date. This gives us a baseline to work with, although any case which did arise would have to be assessed on an individual basis."

Blatherwick predicted other school boards in the province will also adopt the Atlanta guides, which he described as "excellent common sense."

The guides recommend that a decision to allow a youngster to stay in school be based on the youngster's behavior, neurological development, physical condition and expected interraction with other students in the setting.

"In other words, the risks and benefits of allowing that student to stay should be weighed," he said.

"For instance . . . children whose behavior includes biting, who have open wounds, or anyone who does not have full control over the body, should not be let in. If a child exhibits normal behavior and control, he may be allowed to remain, although any decisions should be made jointly by the child's physician, public health officer, the parents and personnel in the education system."

AIDS — acquired immune deficiency syndrome — is caused by a virus that destroys the body's immune system.

Blatherwick said, to his knowledge, no school district in the province has guides to follow in the event an AIDS sufferer is found.

There are no known child AIDS sufferers in B.C.

Alberta University Dental Clinic

Vancouver THE SUN in English 16 Aug 85 p A11

[Text]

EDMONTON (CP) — The University of Alberta Hospital dental clinic will continue to treat victims of AIDS because of a moral duty to do so, a university dentistry official said Thursday.

Dr. B. K. Arora, chairman of the hospital's department of dentistry, said the clinic treated two "younger" males suffering from acquired immune deficiency syndrome this year and won't turn away others.

He said he was surprised the University of B.C. hospital has refused to work on AIDS victims, even though the disease is a growing concern for the dental profession.

"The dentists are as anxious and scared as anyone and I think a number of dentists will not do the (AIDS) cases," Arora said.

"Everywhere we (dentists) go — at golf tournaments — that is what we seem to talk about. It is a big concern because we are prone to the disease. Our fingers are in the mouth all the time."

Arora said the clinic was advised by the Centres for Disease Control in Atlanta, Ga., to take special precautions with AIDS victims, such as having staff gowned and gloved, equipment sterilized and scheduling the work for the end of the day.

Even disposable items are sterilized before being thrown out to eliminate any risk to janitorial staff, he said.

The clinic must depend on AIDS victims to disclose their condition, Arora said.

Prison Population Risk

Toronto THE GLOBE AND MAIL in English 11 Sep 85 p 12

[Text]

OTTAWA (CP) — Federal Solicitor-General Perrin Beatty has asked his department officials for speedy recommendations to prevent the fatal disease AIDS from sweeping prison populations where homosexual activities occur.

At the same time, he cautioned reporters against creating "unnecessary concern" because there are no confirmed cases of acquired immune deficiency syndrome among prisoners.

"As far as we can see, there isn't today a problem within the prison system with regards to AIDS," Mr. Beatty said outside the Commons. "I'll just want to be brought up to date as rapidly as possible to see what measures we can take to ensure that the disease doesn't strike the prison system."

Mr. Beatty, solicitor-general for only three weeks, was responding to a Globe and Mail story yesterday in which civilian AIDS clinic workers said they fear the disease might become widespread in prisons because of covert homosexual activity.

In the story, Phil Shaw of the AIDS committee of Toronto said officials in Canada's prison systems have created a dangerous situation by refusing to acknowledge that prisoners engage in homosexual activity and are therefore in danger.

Since most AIDS victims in North America are homosexuals, prisoners should at least be offered condoms and special education programs, he said.

Mr. Beatty agreed that education about AIDS is necessary for the prison population as well as the general public, but he would not comment on whether condoms should be provided until he has received the report from Correctional Services Canada. AIDS is believed to spread through exchanges of bodily fluids such as semen, blood and possibly saliva.

Mr. Beatty recently completed a tour of federal penitentiaries as part of his intoduction to his new portfolio.

Jacques Belanger, a spokesman for the Correctional Service, told The Globe earlier that distribution of condoms might be interpreted by prisoners as a relaxing of the rules which ban sexual relations.

Montreal Child of Victim

Toronto THE TORONTO STAR in English 13 Sep 85 p A10

[Text]

MONTREAL (CP) — A Montreal child whose mother recently died of AIDS was barred from school because officials feared the student may be a risk to other children and teachers.

But Guy Dozois, director of the Montreal region for the Quebec education department, said tests have shown the child is "normal" and can return to school.

The child was sent home at the teacher's request, said David Birnbaum, spokesman for the Protestant School Board of Greater Montreal.

Dozois said doctors who examined the child would not reveal specific test results but had told education officials the student represents no danger.

The newspaper La Presse yesterday reported that several children with AIDS (acquired immune deficiency syndrome) were attending daycare centres and schools — and that one school was attempting to expel one of the children.

Birnbaum denied there had been any talk of expulsion, adding his board had asked for a directive from provincial authorities.

Montreal Student

Toronto THE GLOBE AND MAIL in English 13 Sep 85 p 2

[Text]

MONTREAL (CP) — A public school is attempting to expel a student suffering from AIDS, even though doctors say the fatal disease cannot be transmitted from one child to another.

Dr. Normand Lapointe, head of immunology at Ste-Justine's Children's Hospital, said the child is one of several suffering from acquired immune deficiency who are attending primary schools in Montreal.

Dr. Lapointe would not identify the school that is trying to force the child to leave, but said that, if pressure continues, the case should be brought before the Quebec human rights commission.

Dr. Jean Robert, who specializes in community health problems at St-Luc Hospital, said several other schools are also considering expelling students suffering from AIDS.

In New York City, children are beginning to show up in class after a boycott in two school districts to protest against a decision to allow a child with AIDS to attend one of the city's 900 public schools.

Dr. Robert advised the parents of the AIDS-afflicted child in Montreal to take their case to the rights commission if pressure intensifies for the child's expulsion.

"The reaction of people in the schools is unjustifiable," Dr. Robert said.

Of the up to 25 Canadian children who have contracted AIDS, which destroys the body's immune system, 10 have died. All but three of the cases were discovered in Montreal; one was found in Quebec City and two in Calgary.

In almost all cases, the virus was transmitted by the mother, Dr. Lapointe said, producing cases more severe than those among children in New York.

"Several of the chidren are going to daycare centres and schools," he said, arguing there is no reason for concern about the disease spreading to healthy children.

"AIDS is a disease that can be transmitted, but is not contagious. There is no risk that a child passes on the virus to another by ordinary social contact."

Dr. Robert argues that the disease was maternally transmitted and that, while "theoretically there may be a risk in being in contact with a person suffering from AIDS, nothing proves that the risk exists."

AIDS victims have never transmitted the disease to medical personnel treating them, Dr. Robert said, and studies have indicated that their brothers and sisters do not contract the disease.

An aide to Education Minister François Gendron said the department will investigate the matter quickly before deciding what action to take.

"We'll want to know what the child's doctor says — whether this is an isolated case, or if there are others — this is a completely new phenomenon here," Pascal Ouellet said.

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Hospital Care Costs Study

Toronto THE GLOBE AND MAIL in English 14 Sep 85 p 12

[Article by Ann Silversides]

[Text]

Hospital care costs for the average case of AIDS range from $37,000 to $42,000, according to a study by epidemologist Dr. Anne Quinn of the federal Laboratory Centre for Disease Control.

Such costs are likely higher than those for most other terminally ill patients partly because of the degree of medical intervention, she said yesterday.

And, within three years, Canada's health-care system will be significantly strained unless money is spent now on AIDS planning, research and support services, according to the chairman of the National Advisory Committee on AIDS.

"Right now, the system can absorb the cost of caring for AIDS (victims), it can keep up and cope ... but the system will deteriorate unless we do planning now," Dr. Norbert Gilmore, a Montreal immunologist, said in a telephone interview yesterday.

There have been 302 diagnosed cases of acquired immune deficiency syndrome in Canada — 150 of those diagnosed have died — and Dr. Gilmore said that in 1988 there will be 10,000 such diagnoses, if cases continue to accumulate at the present rate.

More examination of the problem, more public education, more research, and more support services such as counselling for those who have AIDS and for their families are needed in Canada, Dr. Gilmore said.

"We need a national resource centre in Ottawa to co-ordinate activities ... and on the research side we have to stimulate more people to (undertake) research ..."

By March 31, a total of $2-million from private and public sources was spent in Canada on AIDS research, according to a study by the research subcommittee of the national advisory committee on AIDS.

In her study of 44 cases, Dr. Quinn found the average hospital stay for the course of the illness was 75 days. Cost of that care ranged up to $42,000 depending on the length of time spent in intensive care units, she said in a telephone interview.

"Such heavy costs do not even take into consideration the economic drain on the patient himself, his family and his employer," says her report, published in a weekly federal Government bulletin on diseases.

"AIDS is a fatal condition and there is no evidence to suggest that this is changing. The mortality rate is still over 80 per cent two years after diagnosis," the report says.

The AIDS committee of Toronto is looking into the possibility of establishing a hospice for individuals dying of AIDS.

"We think it is appropriate to move some people out of hospitals, and we think there should be a middle step between the hospital and the private home," spokesman Phil Shaw said in an interview.

Dr. Bernadette Garvey, chairman of the Ontario Provincial Advisory Committee on AIDS, said she is not prepared to comment on any work the committee may be doing on the implications for the health-care system of the growing incidence of AIDS.

Nationwide Hospital Employees Study

Toronto THE SUNDAY STAR in English 22 Sep 85 p F8

[Article by Marianne Steeves]

[Text]

Hospital employees exposed to AIDS are involved in a national study to determine how the disease is transmitted.

More than 187 Canadian hospitals — 87 per cent of the country's total hospitals with more than 200 beds — are taking part in the three-year study conducted by the Laboratory Centre for Disease Control in Ottawa.

"There's no indication that health workers are at a greater risk of catching AIDS (Acquired Immune Deficiency Syndrome), but we want to reassure them," said spokesman Dr. Joseph Losos.

The study, sponsored by the National Advisory Council on AIDS, will involve only employees who handle blood products or have been pricked with a syringe that has bodily fluids of an AIDS patient.

The laboratory will take monthly blood samples from the exposed worker and gather information about his lifestyle and recent illnesses to find out if the worker contracts the virus and if the contamination can be linked to the hospital.

Not only will the study provide doctors with new information on the mysterious disease, but it will also examine the occupational risks nurses face daily when handling patients with communicable diseases, said Kathy Connors of the National Federation of Nurses Unions.

"The media coverage has made nurses read as much as they can on AIDS so to protect themselves," Connors told The Star in a phone interview from Thompson, Man.

Meanwhile, the American Medical Association has released guidelines for people who have antibodies to the AIDS virus in their blood.

Tests for the antibodies in blood are already currently used routinely in the U.S. and all blood donations in Canada will be tested starting in November. Blood containing antibodies is discarded.

But having antibodies to the fatal disease doesn't mean a person has or will ever develop AIDS. It simply indicates the person has come in contact with the virus.

The guidelines, published in the Journal of the American Medical Association, apply to those who have been shown, in repeated tests, to have antibodies but who have no symptoms, are not members of known risk groups such as the homosexual community or drug injectors, and appear normal in physical and laboratory examinations. The journal says their risk of developing AIDS is small.

The advice:

- ☐ They should not donate blood, sperm or body organs.
- ☐ A broad restriction on sexual relations is unwarranted, but advice from their doctors should be tailored to individual circumstances.
- ☐ Their regular sexual partners should be tested for antibodies.
- ☐ Their physicians and dentists should be informed about the positive test results.
- ☐ There is no need for restrictions on employment, education or other social contracts.
- ☐ They should be advised or referred for counselling if they need it.
- ☐ They should seek medical follow-up assessment within six months to identify any potential changes in health.

Contact Lens Threat

Ottawa THE CITIZEN in English 14 Sep 85 p A14

[Text]

MONTREAL (CP) — Improperly cleaned contact lenses could spread AIDS or other diseases and the federal government should ban trials of the lenses, Montreal optometrist Howard Backman said Friday.

"We don't have any proof now of AIDS being spread through contact lenses," Backman said. "But nobody knows enough about this. We have just been made aware of the possibility that AIDS can be spread through tears."

Backman said he has been pressing the federal Health and Welfare Department for months to curtail trial periods for contact lenses on the grounds it is not hygienic and could damage the lenses.

The department initially said it was up to the provinces to invoke such a ban, Backman said. But later officials agreed to meet with members of the Canadian Association of Optometrists to discuss the issue after the Centres for Disease Control in Atlanta warned tears can transmit the AIDS virus, association executive-director Gerard Lambert said.

The meeting is scheduled for next week.

Dr. Ajit Dasgepta, director of the department's bureau of medical devices, said from Ottawa the federal government considers the matter serious enough it is now gathering information about the issue.

"And we are actively considering putting warning labels (on contact lenses)," Dasgepta said. But Health and Welfare has no right to ban test trials for contact lenses, he said.

In the meantime, he has advised professionals dispensing contact lenses — optometrists, ophthalmologists and dispensing opticians — to adopt as a precautionary measure a professional code of ethics prohibiting lengthy test trials of contact lenses.

Some firms selling contact lenses allow consumers up to three months to try out the lenses.

Backman, a member of the association, argues consumers are not allowed to return such goods as bathing suits, undergarments, cosmetics and medicines to stores following purchase for reasons of hygiene and health safety.

The same rules should apply to contact lenses, he said.

He said soft contact lenses appear to pose a particular risk as they they absorb moisture, including tears.

It is conceivable soft contacts, if not cleaned properly between users, could spread the AIDS virus and other diseases, Backman said.

Backman said the AIDS virus, which kills most victims within three years, is easily destroyed by common techniques for sterilizing and cleaning contact lenses.

But now there is no system to check that lenses — including lenses used for fittings — have been cleaned properly between customers, he said.

And people selling used contact lenses are not compelled to tell their customers the lenses may have been used by someone else, Backman said.

"We have to make sure that the public is protected," he said.

Confidentiality of Blood Tests

Vancouver THE SUN in English 14 Sep 85 p A18

[Article by Anne Mullens]

[Text]

Red Cross and government officials assured the gay community Friday that test results in controversial AIDS antibody-testing procedures will remain confidential.

In a news conference featuring the top AIDS experts in Canada, Dr. John Derrick, director of the Red Cross AIDS project, said that when a national blood-screening program starts Nov. 1, positive test results will be referred to a person's doctor, who will then break the news to the donor.

"We will not specify that the donation was positive for HTLV-III antibodies, we will only say it was not suitable for blood transmission and refer them to their doctor," Derrick said. "Like any doctor-patient information, that information will not be privy to others and will remain confidential."

Alternative test sites, set up by provincial governments in order that the blood banks not be used by people simply wanting to know if they've been exposed to AIDS, will also protect confidentiality by enabling patients to go through their doctors, instead of simply arriving at the site to have their blood tested.

Members of the gay community had been upset and even talked of boycotting the antibody test because they would have to give their names and addresses and identify what high-risk group they fell into — homosexual or intravenous drug user.

Now it will be a matter of choice whether to go directly to the testing site or have a doctor send the blood sample in to be tested.

"The doctor can put whatever name they want on sample," said Dr. Rick Mathias, B.C. member on the National Advisory committee for AIDS. "Having worked in a V.D. clinic I can tell you there will be a lot of John Smiths and John A. MacDonalds."

The news was seen as a positive development by Bob Tivey, director of AIDS Vancouver.

"We feel a lot more comfortable about the test, knowing that we can refer people to their doctors to take it," Tivey said.

The hour-long news conference was set up to give the latest information on AIDS and the blood-screening program.

Dr. Alastair Clayton, director-general of the Laboratory Centre for Disease control in Ottawa, implored the more than 50 local and national journalists present to do their part in fighting the disease: "We ask that you people in the responsible media play your part in informing the public factually of the true methods of transmission of AIDS.

"It is not a disease that you can get from casual contact. It is not a disease you can get from social contact. It requires multiple, intimate contact," Clayton said.

"People are terrified of the disease; please do your part to tell them they don't need to be terrified."

During the news conference, the six doctors outlined the known facts about AIDS — acquired immune deficiency syndrome, which is caused by a virus that attacks the body's immune system, making it susceptible to a host of infections, tumors and organisms.

- The AIDS epidemic in Canada is almost exactly two years behind the United States. In Canada it has been growing by 200 per cent a year since the first case was diagnosed. It is estimated that by September of 1987 there will be 10,000 cases in Canada, corresponding with the pattern the disease has followed in the U.S. To date, there are 309 confirmed AIDS victims in Canada. Seven of those cases were new as of Thursday. Eighteen of the cases are children under age 15.
- A study carried out by the Vancouver health department earlier this year, of a group of Vancouver prostitutes who volunteered to be screened for exposure to the AIDS virus, has found that not one carried HTLV-III antibodies — meaning none had so far come in contact with the disease.

"We will continue to follow them on a regular basis to see if and when this status changes," said Dr. John Blatherwick, medical health officer for the city.

San Francisco AIDS expert Dr. Paul Volberding said Thursday prostitutes in that city who are antibody-positive are believed to have been exposed to the AIDS virus through intravenous drug use and not sexual contact. However, AIDS is a large problem with prostitutes in Africa and the doctors here say the same trend could easily be seen.

- Dr. Norbert Gilmore, chairman of the National Advisory Committee on AIDS, said everything possible is being done to speed up the bureaucratic process at the Health Protection Branch to allow use of the drugs HPA-23, Seramin, Isoprinosine and Ribroviran, now being used in Europe in clinical trials. He said is is hoped that "within a short time the drugs will be available for test here." He cautioned, however, that there has been no conclusive evidence that the drugs have even a slight effect on the disease.

• Following a recent controversy about people with AIDS working in Vancouver restaurants, Mathias said physicians have no qualms about AIDS victims as waiters or handling food. Mathias said if a restaurant worker was an active carrier of Hepatitis B, a viral disease is often used as a model for the transmission of AIDS, he would also be allowed to work in a restaurant.

AIDS Threat to Killer

Windsor THE WINDSOR STAR in English 18 Sep 85 p A13

[Text]

NEW WESTMINSTER, B.C. (CP) — The killer of mental health nurse Fred Barker, a known homosexual, could have contracted AIDS, police said Tuesday.

They said it is the first known murder in Canada of a victim of the acquired immune deficiency syndrome which is spread through body fluids. Sexual contact is usually involved the spread of the potentially-fatal disease.

"He was beaten so there was blood," said one detective investigating the death. "If the killer wants to make sure he isn't going to get it, it would be in his best interest to to seek help."

Barker, 42, worked as a male nurse at Woodlands Hospital which cares for about 600 mentally retarded patients.

Detectives were tipped before entering the house that he was an AIDS victim.

"We were told to wear gloves and use caution in how we handled the body," said Sgt. Bob Blacker. "We were told to be cautious in relation to the blood that was on the scene."

CSO: 5420/32

LEGIONNAIRE'S DISEASE REPORTED IN TORONTO, HALIFAX AREAS

Two Toronto-Area Cases

Toronto THE TORONTO STAR in English 6 Sep 85 p A3

[Text]

A young woman in Wellesley Hospital's isolation unit has legionnaire's disease, tests confirmed yesterday.

The woman, listed in serious condition, is periodically conscious and breathes with the aid of a respirator, a hospital spokesman said. She was transferred Saturday from Princess Margaret Hospital, where she was a cancer patient.

A 67-year-old woman, admitted to Peel Memorial Hospital on Aug. 14 from a Brampton home for the aged, is also believed to be suffering from legionnaire's disease.

Two Halifax Hospital Deaths

Toronto THE GLOBE AND MAIL in English 13 Sep 85 p 4

[Text]

HALIFAX (CP) — Two elderly patients suffering from Legionnaires' disease have died at the Victoria General Hospital, an 800-bed facility which handles patients from all parts of Atlantic Canada.

Epidemiologist Dr. Walter Schlech said yesterday that a third patient is being treated for the pneumonia-like disease, which often spreads through water or ventilation systems. Dr. Schlech said all three patients had "complicated medical and surgical problems."

"What we're seeing here are expected background cases," Dr. Schlech said in an interview. "We have no evidence at this point in time that there is an outbreak or epidemic of Legionnaires' disease at the VG hospital."

Dr. Schlech could not say where the patients were from or why they were in hospital. The hospital is awaiting the results of further tests, he said, before it can confirm Legionnaires' as the actual cause of the deaths.

Legionnaires' disease, first identified at an American Legion convention in Philadelphia, has turned up recently in hospitals in Montreal and Summerside, PEI, Prince County Hospital in Summerside restricted admissions and cancelled surgery for several days this summer after three deaths were linked to the disease.

Dr. Schlech said Legionnaires' disease is one of many hospital-acquired pneumonias common in hospitals "treating very sick patients." The disease, he said, is no stranger to the Victoria General, a teaching hospital linked with Dalhousie University's medical school.

"We've had fewer cases of Legionnaires' disease this summer than have been identified in other past years," he said.

Dr. Schlech said there have been "somewhere in the nature of 20 or so" cases at the hospital over the past four or five years. He could not say how many, if any, of the patients died.

The hospital is in the process of flushing out the water system and pumping in additional chlorine. A superchlorinating machine arrived Wednesday, but Dr. Schlech said the machine was on order before the three Legionnaires' cases were discovered.

CSO: 5420/33

FEDERAL STUDY OF HOSPITAL-BASED INFECTIONS UNDERWAY

Toronto THE GLOBE AND MAIL in English 12 Sep 85 p 23

[Article by Caitlin Kelly]

[Text]

Every year, 30,000 to 70,000 Canadians who enter hospitals become ill again — from being in the hospital — and cost federal and provincial governments an estimated $1-billion from longer hospital stays, lost workdays and increased medication.

But the number of infected patients could be reduced when a federal study, begun in April, 1984, on the causes and transmission of nosocomial (hospital-acquired) infection is complete, said Dr. Joseph Losos, head of the $20,000 survey.

"The problem of hospital-based infections has been a growing concern since the fifties," said Dr. Losos, director of the bureau of infection control at the Laboratory Centre for Disease Control in Ottawa. The infections afflict 3 to 7 per cent of all patients admitted; they stay an average of 10 days extra in the hospital and another 17 days convalescing at home.

Thirty years ago, the bacteria staphylococcus aureas caused an epidemic of wound infections, prompting closer scrutiny of hospital cleanliness and sterilization procedures.

Today, two organisms, staphylococcus aureas and E. coli, are responsible for 40 per cent of nosocomial infections.

There are also newly recognized infections such as Legionnaire's disease, which kills 15 per cent of those affected and is transmitted by airborne water droplets from air-conditioning systems. The disease has appeared recently in Toronto, Montreal, Halifax and Charlottetown, though Dr. Losos says it is relatively uncommon.

Rising health-care costs and a lack of knowledge about nosocomial infections have prompted further investigation and the creation, in 1980, of the bureau of infection control, Dr. Losos said.

Also, staphylococcus has evolved since the 1950s into new strains which resist current antibiotics.

(Dr. Ignaz Semmelweiss, a Hungarian physician, proved in 1847 that hospitals can kill people. He found that women giving birth in hospital often died of puerperal fever, infected by doctors who went directly from autopsies to examining rooms without washing their hands.)

The study of hospital infections — whose routes of transmission can be frustratingly subtle and complex — is still young, Dr. Losos said.

Two federal studies done in 1981 and 1983 showed a wide variation in the quality of infection control in Canadian hospitals, he said.

Institutions such as Toronto General Hospital, Ottawa Civic Hospital and Vancouver General Hospital, with systems in place for more than 20 years, were considered excellent, Dr. Losos said.

He was reluctant to name hospitals with less than satisfactory performances, but he said Canada is lagging in infection control.

U.S. figures have shown that optimum control of infection requires one supervisor for every 250 beds. Only 18 per cent of Canadian hospitals with more than 200 beds have more than one person responsible for overseeing infection control, he said.

An 80-page Government information booklet on the subject, published last February, has been sent to 5,000 health-care professionals, and 3,000 more are being printed, Dr. Losos said.

"There seems to be a real gap between the high-powered scientific literature and ... the people in the trenches who felt they had to do something but couldn't get the information they needed," he said.

Hospitals are a veritable pea soup of bacteria, viruses and free-floating organisms, spread through liquid soap, linens, instruments, tubing or a sneeze. And the very people who enter this environment — weakened by disease, heavy medication or surgical invasion of their bodies — are those least able to fend off further infection, Dr. Losos said.

Infants, the elderly, patients with respiratory problems and cancer, others taking immunosuppressive drugs, and patients bombarded with treatment in intensive care units are most susceptible to infection, the study's preliminary results have shown.

Patients who have abdominal surgery may find themselves infected with E. coli when the bacteria, associated with bodily wastes, move from inside the body to the outside, infecting wounds, Dr. Losos said.

Liquid soap dispensers can harbor pseudomonas, a bacteria responsible for urinary tract infections and pneumonia, he added.

U.S. figures have shown that 30 to 40 per cent of nosocomial infections are preventable, using such safeguards as extensive hand-washing, isolating contagious patients and the use of masks, gloves and gowns, Dr. Losos said.

CSO: 5420/33

CANADA

SEVEN LONDON NURSING HOME DEATHS BLAMED ON BACTERIA IN BEEF

Toronto THE SATURDAY STAR in English 21 Sep 85 pp A1, A12

[Article by Robin Harvey and Paula Adamick]

[Excerpt]

LONDON, Ont. — A mysterious epidemic that has claimed the lives of seven elderly residents in a nursing home here and sent another 16 people to hospital was likely caused by ground beef accidentally tainted with a deadly bacteria, health officials say.

Elsie Lucas, 89, a resident of the home, died early yesterday morning, the seventh victim of the epidemic.

Dr. Doug Pudden, medical officer for Middlesex-London district, told a press conference yesterday that it isn't known exactly how the bacteria e-coli — a common intestinal organism that secretes virulent toxins when ingested — got into the food at the Extendicare Nursing Home.

"We really believe this is an accident as opposed to negligence," Pudden said. The home's management co-operated fully with the public health department, he said, and investigations revealed hygiene and kitchen cleanliness at the home to be "scrupulous."

A team of investigators believe the contamination probably occurred Sept. 6 in a temporary kitchen while the home was undergoing renovations, he said. The actual epidemic broke out Sept. 8 and affected 48 residents and 13 staff.

Pudden said the outbreak, with a mortality rate of 15 per cent, is believed to be the most serious of its type on record in Canada. Three of the 15 elderly people still in hospital are in critical condition.

The epidemic is believed to be under control and no further spread is expected, he said. The home has 169 residents.

Pudden disclosed that some public health officials knew Sept. 9 about an outbreak of diarrhea at the home, but it wasn't until two days later, after 25 residents had succumbed to diarrhea and several were in hospital, that the nursing home called public health inspectors and ordered extra isolation and sterilization techniques.

He also revealed that public health inspectors visiting the home on a routine inspection Sept. 10 knew about the kitchen disruptions and that 16 residents had serious diarrhea. But they didn't connect the two, he said.

"The reporting mechanism to the health unit could be faster," Pudden said.

He said he felt public health officials entered the home in adequate time. Once the bacteria was ingested, there was little that could be done to prevent the deaths of the frail, elderly residents.

Dr. David Korn, chief provincial medical officer, called the epidemic tragic. "These types of outbreaks are a risk in any institution (that) handles food," he said.

CSO: 5420/33

CASE OF RECALLED TUNA DUBBED 'TUNAGATE' BY OPPOSITION

Fisheries Minister Fraser

Toronto THE TORONTO STAR in English 20 Sep 85 pp A1, A4

[Article by Joel Ruimy]

[Text]

OTTAWA — A shipment of tuna earlier declared unfit for human consumption but shipped to stores anyway will be pulled off supermarket shelves "in the interest of public confidence," Fisheries Minister John Fraser says.

--Fraser, who had defended the quality of the tuna and his decision to okay it over the objections of his own inspectors right up until yesterday morning, left the opposition parties scrambling after his abrupt about-face yesterday afternoon in the House of Commons.

The tuna — the original shipment last April amounted to almost one million cans under brand names including Star-Kist, Ocean Maid and Bye the Sea — will be seized under the Food and Drug Act by the federal health and welfare department.

Disposal instructions

All the suspect tuna was imported and canned by Star-Kist Canada Inc. at its plant in St. Andrews, N.B.

A health department official said Ottawa will release today the lot numbers, printed on each can found unfit, to help people determine if they have any of it in their pantries.

Other instructions on how to dispose of the tuna, which reportedly has a powerful smell, will be released today, the official said.

But no one at this point knows if any of the tuna Fraser released in April is still on store shelves. Most major food chains voluntarily removed the suspect brands immediately after the news broke.

Both the Oshawa Group, supplier to most IGA, Food City and Safeway stores in Metro Toronto, and A & P Food Stores, owner of 195 stores that include the New Dominion Stores in Ontario and Quebec, told The Star yesterday that they will be offering full refunds on the tuna. Other chains were awaiting instruction and information from Ottawa.

Fraser's announcement came suddenly after Liberal leader John Turner, obviously expecting a second straight day of tense debate, demanded to know why Fraser "persists in refusing to withdraw the contaminated tuna from Canadian grocery shelves."

Fraser stunned MPs, when he said "I want to respond to the right honorable gentleman's question without necessarily accepting some of the rhetorical comment, which preceded it.

"I would like to tell the House that in the interest of public confidence, and because there are public concerns about the acceptability of the disputed stocks for consumers, I have today asked my colleague, the minister of national health and welfare (Jake Epp), to invoke the power of the Food and Drug Act and to effect the seizure of the disputed product."

A flustered Turner replied that the move comes "better late than never." New Democratic Party leader Ed Broadbent added: "It is good to see the government do something."

Neither opposition leader repeated Wednesday's calls for Fraser to resign over the affair in the Commons, but once outside the chamber, both said he should step down.

And Fraser is still in hot water, Canadian Press reports, because opposition critics fear his release of the tuna could not only damage a five-year, $7 million federal advertising program to promote fish consumption in Canada but also hurt Canada's reputation as an exporter in an estimated $1.8 billion ($1.3 billion U.S.) market.

Prime Minister Brian Mulroney told the Commons the government is also examining ways to "centralize" food inspection, "a recommendation that most members would look upon with favor."

He was addressing opposition demands that ministers be limited in their power to overrule their own officials.

The issue, dubbed "Tunagate," arises out of Fraser's decision last year to clear the tuna for stores, even though his own fish inspectors twice labelled it unfit for human consumption.

Star-Kist and New Brunswick Premier Richard Hatfield appealed that ruling directly to Fraser, who then commissioned two outside studies on the tuna.

One outside studies did not approve the fish as fit for consumption in Canada and suggested it be sold outside the country. The other study, carried out by a New Brunswick crown corporation, deemed it fit for consumption here.

Outside the Commons, a tense Fraser insisted the Star-Kist recall does not reflect on the quality of the tuna itself, which he said posed no danger to human health.

"I've eaten it continuously," he told a phalanx of reporters, "and I would still eat it."

Prime Minister's Remarks

Toronto THE SATURDAY STAR in English 21 Sep 85 pp A1, A13

[Article by Joel Ruimy]

[Text]

OTTAWA — The Prime Minister and his fisheries minister are in a wrangle over which of them ordered tuna unfit for humans removed from store shelves.

The latest twist in the fish row also has each of them caught in a net of contradictory statements about when Brian Mulroney learned of the decomposing fish that Fisheries Minister John Fraser okayed for sale in April over the objections of his own inspectors.

Mulroney told reporters yesterday it was "pretty damned obvious" that tuna rejected by federal fisheries inspectors as unfit for human consumption should never have made it to supermarkets.

Fraser has defended the shipment of canned tuna he released for sale, saying an independent test confirmed it was edible.

And the opposition parties are adding fuel to the dispute, now dubbed "Tunagate", by accusing Fraser of releasing the fish before he received the results of tests telling him it was safe, and by charging that the minister has, in effect, called Mulroney a liar.

Nearly one million tins of tuna packed by Star-Kist Inc. of St. Andrews, N.B., under nine labels were shipped to stores last April even though two federal fisheries inspectors ruled it unfit for consumption.

On learning of their contradictory statements yesterday, New Democratic Party leader Ed Broadbent told The Star that Mulroney was trying to depict himself as "the white knight of the supermarket.

"I'll be quite blunt — John Fraser called Brian Mulroney a liar. Clearly, John Fraser said he and Jake Epp made this (recall) decision," Broadbent said

The issue first explored in the House of Commons Wednesday after opposition members demanded to know why Fraser overruled his own inspectors and sought two outside opinions before clearing the tuna for sale.

The government moved to calm the furor Thursday by announcing that, to allay "public anxiety", it was ordering the tuna seized from food stores under provisions of the Food and Drug Act.

Asked about the unfit fish at a news conference yesterday, Mulroney said that "as soon as I found out about it, I dealt with it immediately in the manner in which you're aware of."

The Prime Minister also strongly indicated that he told Fraser to order the recall, when he said he had had a "full and frank discussion, as they say in diplomatic terms, with" his fisheries minister.

Fraser, looking tense and angry from the battering he has been getting since Wednesday, reiterated for the second day that he and Health Minister Jake Epp were the ones who ordered the recall.

"I did not talk to the Prime Minister about it, but he knew that that is what I was going to say in the House . . .

The barbed question of whether Fraser released the tuna before independent testers told him it was fit to eat arose earlier in the Commons.

Repeatedly, the fisheries minister denied claims by Liberal MP George Henderson (Egmont) and NDP member Ray Skelly (Comox-Powell River) that the minister allowed the tuna sale before he got full reports from two sets of independent experts retained to examine the fish.

Fraser insisted he had both reports in hand before making his April 29 decision to release the tuna.

But Henderson and Skelly each brandished inspection reports apparently sent to Fraser May 3, four days after the shipment went to market.

Meanwhile, the Research and Productivity Council in a release yesterday said it approved 51 or 57 lots of the rejected tuna for sale, but Fraser had already released all the cans for sale before its testing was complete.

CSO: 5420/33

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CANADA

GARLIC CONCENTRATE BLAMED IN VANCOUVER BOTULISM POISONING

Outbreak at Restaurant

Ottawa THE CITIZEN in English 18 Sep 85 p B7

[Text]

VANCOUVER (CP) — A garlic concentrate believed to be the most likely source of a botulism outbreak at a downtown restaurant was improperly handled at both the restaurant and a Vancouver distributor, city and federal health officials said Tuesday.

Sixteen confirmed and suspected cases of botulism have been traced to a beef dip sandwich served at the White Spot restaurant between Aug. 29 and Sept. 4.

The officials have said they believe the toxin clostridium botulinum may have been in a bottle of the unnamed concentrate, which is made in New Jersey and distributed in Canada by a Toronto company.

The product's label says it must be refrigerated at all times, but Jack Forbes, regional director of Canada Health and Welfare's health protection branch, said "there was some temperature abuse" after the suspected concentrate reached British Columbia.

Both Forbes and Dr. Shawn Peck, the city's deputy medical health officer, confirmed the concentrate was, at least temporarily, not refrigerated.

White Spot spokesman Della Smith said the company had not "been updated with the latest information" and she refused further comment. The 58-year-old restaurant chain, with 26 outlets in British Columbia, has an exemplary health record.

Forbes said federal health officials are examining how the product was handled throughout the distribution chain and checking other restaurants and institutions to ensure it is being refrigerated properly.

The Canadian Press earlier distributed an erroneous report quoting Forbes as saying there would be a Canada-wide recall of the product. The concentrate is not sold for home use.

The suspected bottle of concentrate was thrown in the garbage, but other bottles from the same package are being tested in Vancouver and Ottawa to see if the toxin can be grown. The tests are expected to take seven to 10 days.

Peck emphasized officials are not yet certain that the garlic spread is to blame. "We want to keep our minds open, but if it's possible for botulism toxins or spores to grow in those jars, it could clinch the chain of events."

Of the 16 cases, two young girls in Montreal are in the most serious condition. Their mother is in stable condition in hospital. All three are on respirators.

Blatherwick said all victims, including those in Vancouver and one in Seattle, should recover fully.

21 Cases Reported

Toronto THE GLOBE AND MAIL in English 19 Sep 85 p 8

[Text]

VANCOUVER (CP) — Health officials believe they have the product which has caused at least 21 cases of botulism poisoning, but fear more people could be affected because the product may have been used through last Friday. The suspected cause is a bottle of garlic concentrate, used to prepare beef dip and garlic butter for steak sandwiches at a White Spot restaurant in the city's West End, Dr. John Blatherwick, city medical health officer, told a news conference yesterday. Because the product could still have been in use last Friday — not just until Sept. 4 as earlier believed — "we can't say we won't have any more cases until the end of September," Dr. Blatherwick said. Botulism is fatal in 50 to 60 per cent of reported cases.

CSO: 5420/33

CANADA

ACIDIC AIR POLLUTION LINKED TO ONTARIO LUNG PROBLEMS

Toronto THE GLOBE AND MAIL in English 20 Sep 85 pp 1, 2

[Article by Christie McLaren]

[Text]

MINETT, Ont. — Canadian researchers have found that Southern Ontario school children are suffering more lung problems than children of the same age in Southern Manitoba and have concluded that the probable cause is acidic air pollution.

"We can't say with certainty that it is caused by acid pollution," Bonnie Stern, head of acid-rain research for the Department of Health and Welfare, said in an interview.

However, she added "all evidence points in that direction. We need a couple more studies with more kids and larger towns before we can say for sure."

The study, which has gone almost unnoticed at an international conference here on acid rain, could prove to be a key weapon for Canada when it comes to persuading the U.S. Government to act against acid rain, observers say.

One of more than 400 studies released at the conference from all over the world, it is the only one to examine the effect of acid air pollution on human health, Dr. Stern said. Her study was not formally presented at the conference but was displayed for delegates to read.

It might be just the kind of acid-rain research that will turn President Ronald Reagan's head, several observers say.

"What really moves the (U.S.) Administration and Congress toward (clean-air) regulations is the health-related impact of an air pollutant," said Michael Perley, a spokesman for the Canadian Coalition on Acid Rain, which lobbies in Washington for U.S. air-pollution controls.

"If it's found that there's more of a link between acid rain and (poor) health, I'm sure it would make a considerable difference in the U.S. Administration's position," said a Washington source who wished to remain anonymous.

The U.S. Government is coming under increasing criticism for failing to curb air pollution that leads to acid rain, despite studies that show it harms lakes, fish and forests.

Existing U.S. clean-air laws have been passed primarily after science showed that some types of air pollution harmed human health.

"Therefore," Mr. Perley said, "one is led to ask why this is the only health study at this conference."

The Canadian study found that children from 7 to 12 years old in Tillsonburg, Ont., had significantly

smaller lung capacities (ability to inhale a volume of air) and more breathing problems than children in Portage la Prairie, Man.

After examining 1,400 children — half in Manitoba and half in Ontario — the study found that, on average, Southern Ontario children had lung capacities about 2 per cent smaller than those in Manitoba.

The Tillsonburg children also had a higher incidence of allergies to inhalants, stuffy noses, coughs with phlegm and hospitalization by the age of 2 for breathing problems.

Tillsonburg air contained higher levels of sulphur dioxide and breathable sulfates and nitrates — chemicals which are also present in acid rain.

To prevent bias, the children were screened for complicating factors such as tobacco smoking in the family and socio-economic status, Dr. Stern said.

Studies have shown that people who, as children, have reduced lung function or frequent lung infections may, as adults, become more susceptible to lung-blocking diseases such as emphysema, chronic bronchitis or cancer, she said.

The findings have prompted the Department of Health and Welfare to expand the study to 5,000 school-age children from 10 towns or small cities in Southern Ontario and South-central Saskatchewan.

The Saskatchewan centres to be studied are Melfort, Esterhazy, Yorkton, Melville and Weyburn. The Ontario children will come from Tillsonburg, Strathroy, Blenheim, Ridgetown and Wallaceburg.

CSO: 5420/33

EPIDEMIOLOGICAL PROFILE OF SLOVAKIA

Prague RUDE PRAVO in Czech 10 Jul 85 p 5

[Article by Jana Casnochova: "Gamblers with Health"]

[Excerpt] As concerns most infectious diseases, the epidemiological situation in the SSR developed favorably in 1984. For instance, the incidence of dysentery declined considerably and was at its lowest point in the past 15 years. Salmonelloses slightly decreased. The most frequent cause of those diseases were insufficiently cooked meat products and eggs and food containing meat or eggs.

The incidence of paratyphoid has reached low values. Only 42 cases were reported last year, 68 percent of them in Gypsy families in the East Slovakia kraj. Hygienists reported 415 carriers of bacilli; their number continues to decline.

The main task is to train people to be responsible, so that the incident which occurred in Topolcianky in the district of Nitra would not be repeated. Last year more than 500 persons were stricken there with diarrhea because they had drunk water contaminated with river water. Construction workers had simply connected the water main with a brook. A similar epidemic broke out last November in Lehnice where 130 persons were infected after drinking water from a well into which waste from the nearby cracked sewer pipe was seeping.

We have no difficulties with diseases that may be prevented with vaccination. The only serious exception was the increased incidence of measles, particularly in the city of Bratislava and in the West Slovakia kraj. The infection had been brought to our country from abroad and its victims were mainly secondary school students, for the majority of whom regular inoculation had not been mandatory. The affected age groups were vaccinated last year and some this year. Last year in November the measles epidemic was successfully stopped and since then only 2 cases were reported.

The prevention of chickenpox (varicella) was considerably expanded. Girls in the 5th grade of elementary school are regularly vaccinated. In the second half of the current year the program will include also all pre-school children and susceptible women under 25 years of age after the birth of their first child.

The implementation of the immunization program will improve prevention of infectious diseases in the Eighth 5-Year Plan. For instance, it is envisaged that vaccination against mumps (infectious parotitis) will be introduced and that inoculation of medical employees against B viral hepatitis will be substantially expanded, because they are endangered as much as 4 times more than other persons.

We have not known for a long time any infectious diseases caused by poverty and inadequate medical care. Unfortunately, some other kinds of infectious diseases have appeared due to negligence and lack of responsibility. In order to eradicate them, all who comes in contact with food must be properly taught the principles of hygiene. They must be constantly instructed and reminded of the serious complications which may follow if those principles are violated. Hygienists penalize the violators by revoking their license, even if it means problems for the production. After all, one must not gamble with the health of our people, as it happened, for example, in Kosice where improperly processed ham caused an outbreak. We must search for the cause of infectious diseases mainly in public dining facilities. Some investigations disclosed that leftovers from the previous day were being used.

Supervisors of restaurants and other dining establishments are not able to check every facility. In some places the employees take advantage of that circumstance, especially during vacations, when they can earn high profits; to make money, they violate the principles of hygiene. For that reason, our hygienists need help from our citizens. Everybody should report a waiter wearing dirty clothes, or improperly washed dishes and food of dubious appearance or taste, etc. After all, one must not close one's eyes when hygiene is at stake. That would be tantamount to gambling with our health.

9004
CSO: 5400/3012

U.S. OFFICIAL IN TOKYO COMMENTS ON PHARMACEUTICAL TALKS

OW111311 Tokyo KYODO in English 1227 GMT 11 Oct 85

[Text] Tokyo, Oct 11 KYODO -- The United States will challenge the Health and Welfare Ministry's regulatory system on grounds that it hampers foreign drug firms' business decisions, a high-ranking U.S. Treasury official said here Friday. Speaking to a group of reporters, David C. Mulford, assistant secretary of the Treasury for international affairs, cited long delays in the setting of health insurance prices by the ministry after products have been approved for manufacture. This, he said, runs counter to claims of transparency. Mulford made the statement after the conclusion of a one-day subcabinet-level Japan-U.S. meeting on the opening of the Japanese pharmaceutical and medical equipment market, held at the Foreign Ministry building. He said the system provides a "perfect opportunity" for a domestic competitor of an innovative foreign firm to catch up and bring its own product to the market.

Referring to so-called procedure kits, simple combinations of drugs and their administering utensils in single packages, he said the Japanese regulatory system, with its "rigid" and established ways of dealing separately with drugs and their delivery systems, simply cannot at present contemplate a combination of the two elements. In this connection, he said such kits are "absolutely vital" to Japan because they will produce better medical care faster and lead to more technological innovation. The kits will reduce medical costs, because not only are they used with greater safety, but they also require less labor within the medical system. Japan and the U.S. will issue a comprehensive report on the issue, one of four subjects of sector-by-sector talks that started in Janaury, by the end of this year.

There will then be follow-up talks to discuss implementation of what is agreed in a series of talks similar to last year's Japan-U.S. yen-dollar committee meetings, he said. Commenting on the agreement by five major Western countries to intervene jointly in currency markets, arrived at in New York last month, Mulford said, "since that meeting, nothing has happened that has disappointed us."

CSO: 5460/1

LAOS

ANTI-MALARIA, HEMMORHAGIC FEVER SUPPRESSION EFFORTS DESCRIBED

Vientiane VIENTIANE MAI in Lao 29 Aug 85 pp 1, 4

[Article: "Public Health Officials Follow Up Malaria Suppression in Four Districts Around Vientiane Capital"]

[Text] On the morning of 25 August those responsible for the Ministry of Public Health led by Dr Khamliang Phonsena and Professor Vannalet Lakhapho, minister and vice minister of the Public Health Ministry, along with a number of medical technicians went to follow up and inspect malaria suppression in various hospitals in four districts in the Vientiane Capital area. On this occasion Dr Khamliang Phonsena disclosed to our reporters that in order to carry out emulation to score achievements for the coming 10th anniversary of the establishment of the LPDR and also to carry out the public health work in which the primary consideration is disease prevention and malaria suppression, the Ministry of Public Health has gathered all its forces to go to the grassroots to work in cooperation with medical personnel in various grassroots in the four districts around Vientiane Capital for suppressing malaria. Because this is a cool season parasite, bacteria and different disease carriers are growing and spreading, especially mosquitoes, which are of the utmost danger to the people's health.

The public health minister added that in order to rapidly and completely get rid of these parasites, and now malaria is occurring in some districts in Vientiane Capital and in some localities in other provinces, the Ministry of Public Health has unyieldingly sent high- and mid-level medical cadres to each locality, especially to the four districts around Vientiane Capital. Many senior medical doctors in the Central Hospital voluntarily went to [these four districts] to treat the people at the grassroots level as a driving force and with a spirit of responsibility.

9884
CSO: 5400/4306

BRIEFS

VIENTIANE LEPROSY, MALARIA INCIDENCE--Last week at the Phong Hong District Club in Vientiane Province a meeting was held to discuss the problem of skin deseases in our nation for the prupose of finding ways to bring about their eventual treatment, suppression, prevention, and elimination. The chairman of the meeting was Dr Phoungeun Douangsitthi of the provincial administrative committee and chief of Vientiane Province public health. There were over 20 public health committee members from different districts and production bases whose work involves skin diseases. At the beginning of the meeting Dr Phoungeun stated that there were now 427 types of skin diseases in our country, e.g., skin tumors, cancer, etc. Especially in years past the public health concerns at all levels have increased research and treated these diseases effectively. For example, skin tumors were checked and treated in Ban Somsanouk, Vang Vieng, Vientiane Province, and are gradually being eliminated. Meanwhile, treatment for malaria, tuberculosis, pneumonia, and other diseases is becoming more effective. The numbers of high-, medium-, and basic-level medical cadres are steadily increasing. [Excerpt] [Vientiane KHAOSAN PATHET LAO in Lao 13 Aug 85 pp 4, 5] 9884

EPIDEMICS IN VIENTIANE--From the beginning of May to the end of July the public health committee in Vientiane Province organized mobile medical units to work in cooperation with the local public health organizations at the grassroots levels in areas in Hom, Saisomboun, Phong Hong, Thoulakhom, and Keo-Oudom Districts in giving physical examinations, inoculations, and disease treatment for the people were focusing on quickly starting their wet rice growing so it would be in time for the season. After this period each medical cadre successfully examined and treated cholera and malaria in the localities mentioned. [Excerpt] [Vientiane KHAOSAN PATHET LAO in Lao 16 Aug 85 p A7] 9884

EPIDEMICS IN LUANG PRABANG--By regarding the prevention and treatment of diseases as of primary importance the Nan District Public Health section in Luang Prabang Province, in addition to their taking care of and treating their patients, has quickly sent a number of medical [personnel] to give vaccinations for preventing diseases, e.g., diarreah, dysentery, typhoid, malaria, chicken pox, and pneumonia, which have begun to spread in some production bases. [Excerpt] [Vientiane PASASON in Lao 15 Aug 85 pp 1, 4] 9884

HOSPITAL CAPACITY, ANTI-MALARIA SUCCESSES SEEN--Throughout the 10-year period of the transformation and construction to advance our nation towards socialism, the nature of public health and its work have been completely changed in order to serve the working people of ethnic groups free of charge, and [this area] has also been expanding gradually. According to a report by Dr Khamliang Phonsena, minister of public health, in 1976 throughout the country there was a total of 406 hospitals and 6,718 hospital beds. In 1984 the hospitals had increased to 837 and there were 8,790 hospital beds. There was a 45.1 percent increase in the number of beds. Of this there were 4 central hospitals and an increase in the number of beds from 465 to 600; provincial hospitals increased from 12 to 16 and the number of beds increased from 1,295 to 2,000; the number of district hospitals increased from 96 to 117 and beds increased from 2,675 to 3,100; and the number of grassroots hospitals increased from 294 to 706 and beds increased from 1,743 to 3,270. The medical cadres increased in terms of both quantity and quality. From 1976 to 1984 the number of high-level medical cadres increased from 90 to 418, the number of mid-level cadres increased from 371 to 1,892; and the number of basic-level cadres increased from 4,564 to 6,104. The number of medical cadres increased by as much as 67.5 percent over the 10-year period on the average, i.e., from 5,022 to 8,414 personnel. In the past 10-year period we have 1 high-level medical school which has trained 259 high-level medical personnel, 3 mid-level medical schools which have trained 846 mid-level medical personnel, and we now have 24.03 medical personnel per 10,000 people on the average. In 1982 alone the average life expectancy for Lao was 46 years, the population was increasing at the rate of 2.4 percent per year, and the number of doctors in the country who raised their specialized task level was 3,006, and 97 abroad. As for malaria prevention and suppression, previously 45 out of every 200 hundred people contracted malaria. Now, only 2 out of 1,000 people have malaria, and in Champassak Province in particular malaria has now been completely wiped out. [Excerpts] [Vientiane PASASON in Lao 11 Sep 85 pp 1, 2] 9884

KHAMMOUAN MALARIA--After carefully carrying out their work in the first 6 months of 1985, the medical cadres in the malaria section in Khammouan Province all turned to the production bases in order to examine and treat the people of ethnic groups in four districts within their province. In Phok Canton, Mahasai District, they examined and drew blood samples for over 350 people and found malaria in 4.85 percent of them. In Gnommalat Canton, Gnommalat District, they examined and took blood samples from over 300 people and found malaria in 2.58 percent of them. In Phon Tieu Canton, Hinboun District, they examined 843 people and found malaria in 26.85 percent. In Na Don Canton, Tha Khek District, over 4,650 people were examined and 5.54 percent had malaria. They also vaccinated over 11,180 people for disease prevention and carried out propaganda on malaria prevention techniques over 100 times. [Text] [Vientiane PASASON in Lao 14 Aug 85 pp 1, 3] 9884

BOLIKHAMSAI MALARIA WORK--Recently the public health service in Bolikhamsai Province sent medical cadres from its health and disease prevention section with medicines to examine and treat the people in the Pakkading District area of the province. They were able to treat malaria patients, vaccinate over 2,000 people for the prevention of chicken pox, whooping cough, tetanus, polio, and tuberculosis in 2 cantons, and take blood samples for 1,370 people to look for malaria. [Text] [Vientiane PASASON in Lao 3 Aug 85 p 1] 9884

FRANCE'S BIOFORCE RESUMES VACCINATION CAMPAIGN

Antananarivo MADAGASCAR MATIN in French 22 Aug 85 pp 1,2

[Text] Diphtheria, tetanus, whooping cough, polio, measles: from now on, these will be the targets of Military Bioforce, also known as Emergency Military Biological Unit.

For the second time in 4 months, the airborne team of Pharo (Marseilles) and Military Bioforce, based in Lyon, is within our borders where it will complete the second (and last) phase of the operation it began last May in the Marovay region by setting up 50 vaccination centers distributed throughout 77 Fokontany.

The target: 15,000 children ranging in age from 6 months to 6 years. The second phase of the injections will be carried out more rapidly than the first. During the first phase, the French Armed Forces health services team had to provide training sessions in addition to the actual vaccinations, because the new vaccination techniques involved were scheduled to be used throughout Madagascar within the next few months.

Imojet

Chief-of-Staff Picq, who is once again directing the mission, gave us some idea of the originality of this new technique yesterday. In addition to the improved performance of the vaccine substances manufactured by the Merieux Institute and Lyon Pasteur Institute, the injections require only two sessions, instead of three--except for measles, which requires only one. Last, but not least, injections are no longer done with traditional syringes--ouch!--but with a pressurized injection system that doesn't use ampules called "Imojet." Moreover, the Chief-of-Staff Picq was satisfied yesterday with the people's awareness of the usefulness of vaccinating their children. "Of course," he told us, "there is still some hesitation. Some people still don't understand the importance of vaccinations, which is a shame."

Until 5 September

This second Bioforce mission in Marovoay, where the French Air Forces' Transall arrived early yesterday afternoon via Mahajanga, will take place from 24 August to next 5 September. A Malagasy Ministry of Health team, including Dr Ribaira, director of communitty health,

took the same flight. Dr Merieux, of the French foundation of the same name, whose arrival was also expected yesterday, was not with the team. We were told yesterday that the eminent professor would arrive by his own means.

Military Bioforce will begin work immediately Saturday, after a brief inservice in Marovoay. Fifteen physician-inspectors and 15 other physicians were introduced to the new vaccination techniques in May.

9825
CSO: 5400/196

MEASLES VACCINATION CAMPAIGN LAUNCHED

Antananarivo MADAGASCAR MATIN in French 29 Aug 85 pp 1, 3

[Text] The Antananarivo Faritany, in conjunction with Bioforce, is also launching a vaccination campaign, this time to check the spread of measles in the province. A medical team arrived last Monday, 9 August in three Faritany Faraisanas to vaccinate approximately 2,000 children, kicking off the first phase of an operation that will involve a total of 20,000 people.

The medical team, directed by Dr Ramoma and personally escorted by the Faritany president, Dr Roland Ramahatra, traveled to Ambohibary yesterday (Manjakandriana Firaisana) after stops in the Ambohitrimanjaka and Ambohimalaza Firaisanas. There they vaccinated around 650 children, ranging in age from 6 months to 6 years, using a modern process dubbed "Imojet." This apparatus, also used by the Bioforce doctors, is able to inject 300 doses of "Rovax" (anti-measles vaccine) an hour. The local Red Cross members and mothers in this district greatly appreciated the action of the Faritany and communicated to those present that all the decentralized collectivities should be aware of the importance of this kind of vaccination campaign. The elected officials in the Manjakandriana Faraisana believe the district will be able to finance the purchase of vaccines itself in the future. The purchase of these 20,000 Rovax vaccine doses was entirely paid for by the Faritany. Provincial health service officials also took advantage of this opportunity to weigh and have a look at the children vaccinated and to give practical advice to the large number of mothers present.

The next Firaisana to be affected by this operation, new to Madagascar, will be Ambatofahavalo (Antananarivo-Atsimondrano).

9825
CSO: 5400/196

MALARIA HITS ALARMING HIGH IN SABAH

Kuala Lumpur NEW STRAITS TIMES in English 4 Sep 85 p 4

[Article by Subhadra Devan]

[Text]

KUALA LUMPUR, Tues. — An unprecedented 17,313 cases of malaria were reported in Sabah during the first six months of this year.

The situation in the State has been described as bad by the Health Ministry.

The Director for Vector-Borne Diseases Control Programme in the Ministry, Dr Chong Chee Tsun, said today that the number of malaria cases in Sabah had always been high "but we are trying to contain it".

He explained that one reason for this alarming figure could be that more cases came to light when health teams went into the interior of the State to carry out checks under the Ministry's Malaria Control Programme.

The programme is carried out in four phases — preparatory, attack, consolidation and maintenance — and in Sabah, it is in the second phase.

Dr Chong said about 11,000 cases were reported in 1983 while for last year the figure was about 22,000.

In neighbouring Sarawak, the malaria situation was under better control with only 4,100 cases reported for the whole of last year compared with 11,000 in Peninsular Malaysia during the same period.

Dr Chong said that 583 cases were reported during the first six months of this year in Sarawak and 4,458 in Peninsular Malaysia.

Deputy Health Minister Datuk K. Pathmanaban said the disease was confined mainly to the border areas.

"It is still a border problem whether it is in East or West Malaysia," he said but added that the problem was under control.

"It has been brought under manageable limits but the Ministry is not complacent about it," he said.

Operate

Datuk Pathmanaban explained that the disease was a border problem because many of the cases were "imported by soldiers who operate on the borders of the country and deep in the jungles."

"It is also due to greater acreage in the interiors being opened for development, providing conditions for the breeding of the malaria carrier, the Anopheles mosquito, which thrives on sunlit water.

"Another way malaria is imported is via the illegal immigrants, whether Thai, Indonesian or Filipino, and this is increasing because we have no control over their entry. The illegal immigrants appear in the thick of the night.

"They could also be carriers of other diseases like tuberculosis.

"The Ministry has suggested to the Home Affairs Ministry that rules concerning the entry of immigrants should contain health controls," Datuk Pathmanaban said.

The Deputy Minister said his Ministry had spent an estimated $27 million on malaria control in Peninsular Malaysia this year.

Last year, it spent $25 million in the Peninsula and about $5 million in Sabah and Sarawak.

Earlier, Datuk Pathmanaban presented $48,600 worth of medical supplies to the Bangladesh High Commissioner, Mr Farooq Sobhan, as relief assistance for the cyclone victims of that country.

CSO: 5400/4310

ZIA TALKS ABOUT PLANS TO MODERNIZE MEDICAL CENTER

Islamabad THE MUSLIM in English 4 Oct 85 p 8

[Text] President Ziaul Haq today said Rs. 100 million five-year master plan will be launched next year to modernise the Jinnah Postgraduate Medical Centre (JPMC).

It was too late to fit the master plan into the current (1985-86) financial years budget. But it will be taken up next year, while an initial sum of Rs. five million will be released immediately so that preliminary works connected with this scheme can be undertaken, he added.

The President was speaking as chief guest at the inauguration of a new CT-scanning unit at the JPMC here this forenoon.

He said the JPMC was an important institute run by the Federal Government and despite financial constraints, every effort would be made to meet its requirements.

He said the five-year master plan would help in turning the JPMC into a modern and well-equipped teaching hospital.

He recalled that the foundations of the JPMC lay on a small British Royal Air Force Hospital and over the past 38 years it had expanded into a large institution.

The JPMC had an annual budget of Rs. 68 million and it had 1,138 beds in its' different wards while 10,000 patients received treatment daily in its' out-patient department.

He went on to note that since the JPMC was controlled by the Federal Government it could not function with complete independence. If the rules and regulations governing its' working were relaxed to some extent the JPMC could function more efficiently, he added.

In this connection, he said the National Institute for Cardio-Vascular Diseases (NICVD) was a fully autonomous and independent body - even though the JPMC was its mother institution - and so was free from such constraints since its' Board of Governors - had the authority to take all necessary decisions.

However, he said, despite all the constraints, the JPMC was working well.

President Zia said the JPMC would receive funds soon for the construction of nine new operation theatres, while RS. one million annual budget for the purchase of medicines would be instantly doubled to Rs. two million.

He also announced that JPMC students who secured the first position in the second year of their MCPS (Member of the College of Physicians and Surgeons) examination will be awarded a gold medal as well as being sent for specialised training abroad on a government scholarship.

CSO: 5400/4701

LOCAL AIDS STUDIES INITIATED

Manila BULLETIN TODAY in English 4 Oct 85 pp 1, 15

[Article by Marcia C. Rodriguez: "AIDS Studies initiated here"]

[Text] A number of independent researches has been initiated by some Filipino medical scientists to find out whether Acquired Immune Deficiency Syndrome (AIDS) has come to the country.

They believe that the threat posed by AIDS to the Philippines is real. The country could be a potential breeding place for AIDS, having a population who are at risk of acquiring AIDS and conditions favorable for the spread of the disease.

The local gay community in the country is increasing. The entry of foreign pedophiles and homosexuals has not stopped. And promiscuity is promoted in sex magazines and movies.

Drug abusers commonly inject themselves with narcotics such as heroin and share needles. Private blood banks, including the Philippine National Red Cross (PNRC) which supplies 50 percent of the country's blood requirement, do not have any screening test for AIDS. Professional blood donors proliferate charging about P80 for each blood donation.

Some hospitals have decided to sterilize and reuse needles, syringes, and even gauze and bandages for open lesions to economize on hospital costs. A number of households still do not have toilet facilities, thereby posing problems in the disposal of human wastes and fluids.

Realizing the AIDS hazard, Health Minister Jesus Azurin said that Filipino medical scientists will be sent to study AIDS diagnosis. Quarantine officials will be discussing ways to prevent the entry of known AIDS victims and carriers, he said.

On the collection of blood, Azurin said homosexuals, prostitutes, and other risk groups should not be prevented from donating blood since no infected case has yet been seen in the country.

If AIDS becomes a public health problem and a good laboratory examination for AIDS is developed, the Ministry of Health (MOH) will allot funds for the study of AIDS even if it does not fall under any of the ministry's impact programs, he said.

The problem in diagnosing AIDS is that a person found positive for antibodies does not necessarily suggest that he is infected by the virus while a person

who does not show any symptoms for AIDS may be able to transmit the disease, he said.

Dr. Virginia Basaca Sevilla, director of the bureau of research and laboratories of the MOH, has tested 400 blood samples, 46 of which were from homosexuals, 100 from hospitality girls and the rest from professional blood donors.

All blood samples were tested using the human T-lymphotrophic retrovirus III (HTLV III) diagnostic test kit of Abbott and showed negative results.

At the Veterans Memorial Medical Center (VMMC), a group of researchers has done a test on 68 patients, using also the Abbott HTLV III diagnostic test kit and found no case of AIDS. Two-thirds of the patients tested were homosexuals and the rest were hospital workers and suspected AIDS victims.

The research is being conducted by Dr. Angeline Latonio, Dr. Evelyn Laureta, Dr. Valorie Chan, and Edita Mante, medical technologist, of the Veterans hospital; and Dr. Ofelia Monzon, Veterans consultant in microbiology and infections diseases.

The Naval Medical Research Unit (NAMRU) of the United States has reportedly agreed to help the Veterans hospital in sending blood samples to the US for confirmatory tests in the absence of the Western blot or recombinant test, a more specific test for detecting the AIDS virus.

Meanwhile, Dr. Manuel Canlas, head of the Research Institute of Tropical Medicine (RITM) department of immunology, said that two transient foreigner homosexuals consulted him in 1984, manifesting symptoms suggestive of AIDS. He advised them to return to their home countries for diagnosis and treatment.

Canlas added that he has not seen any Filipino who has acquired AIDS in the Philippines. There is no reason for alarm or panic, he said.

Although no confirmed AIDS cases have been seen locally, AIDS is beginning to touch Filipinos' lives, as interviews made by the *Bulletin* showed.

Ben Farrales, a couturier, observed that AIDS has prompted some homosexuals to think twice before picking up any "Tom, Dick, or Harry" in the street.

AIDS is being talked about in gay bars but, unlike in the US, the scare has not yet spread, he said. He did not think that AIDS would stop homosexuals from being "active" since homosexuality has always been here.

Monzon, who was former member of the department of medicine at the University of California in Los Angeles, said AIDS will teach people to be more prudent. She cited WHO findings that the only positive aspect of the AIDS panic is the sharp fall in the incidence of sexually transmitted disease in other countries.

Dr. Napoleon Noveno, director of Region 3, said AIDS may not lessen promiscuity, especially in his region, because hospitality girls have to work to survive. Noveno's region covers the rest and recreation center around Clark Air Base in Pampanga and Subic Naval Base in Olongapo City which has an estimated hospitality girl population of 5,000 and 4,000, respectively.

Abbott Philippines, local subsidiary of the makers of the HTLV III diagnostic test, has reportedly been swamped with anonymous calls from persons, mostly foreigners, who believe they have AIDS and want to be tested for it.

Abbott said cases had to be referred to hospitals doing AIDS which are limited at present because of the high cost of diagnosing the test. A diagnostic kit which can make about 100 tests costs about ₱12,000 or at least ₱120 per examination.

Other issues such as ethics and the legality of disclosing the identity of AIDS patients are expected to crop up. Dr. Generoso Basa, chairman of the national ethics committee said the identity of AIDS victims may have to be kept confidential until the government has decreed that

AIDS victims have to be reportable.

In the United States, there is a growing controversy on whether schools and offices must be informed that a student or employe is suffering from AIDS so others may take precaution.

The disclosure of AIDS cases, however, has had negative results since they were treated like lepers.

More questions about AIDS continue to be raised. Medical authorities are continuously searching for a drug to save thousands of AIDS victims like Rock Hudson who is now merely an added statistic to the thousands of AIDS fatalities.

CSO: 5400/4313

POLAND

REPORTAGE ON AIDS DISEASE PICKS UP

Arrival of AIDS Seen as Inevitable

Warsaw TRYBUNA LUDU in Polish 7-8 Sep 85 p 6

[Article by Zbigniew Siedlecki: "Through Time and Space: The Virus Without a Passport"]

[Text] Next to the United States, Australia is a country where the AIDS virus has been proliferating at the fastest pace. According to a report by the Polish Press Agency [PAP], the chairman of the Australian committee on the fight with AIDS, Professor David Penington, has prediced that in the coming five years the disease may attack every tenth Australian. The forecast sounds so grave that it seems an exaggeration, and even if we acknowledge that it overstates the danger it cannot be denied that the proliferation of this new disease in industrialized nations has been going on at a fierce speed.

Is the disease really new? Scientists involved in AIDS research have hypothesized that the AIDS virus originated in Central Africa. If that is true, it is impossible to determine the time of its appearance, because no death certificates stating the cause of death are issued in the Kongo jungle. One theory is that in that part of the world the AIDS virus has been in existence for centuries or even millennia. It is possible that the local population has adapted to the virus the way the white race has developed a tolerance to the common cold. For tribes who came into contact with white people for the first time, such as the inhabitants of the interior of New Guinea, the common cold virus proved to be lethal.

It is also possible that the virus had appeared in the past sporadically in Europe or South America and killed its victims without being identified. Even today, it is not easy to recognize AIDS since it is a disease of the immune system. The patient dies actually not of AIDS but of some other disease that a body with an uncompromised immune system could have overcome.

There is a remarkable confluence of events: the appearance of the AIDS virus in developed countries coincides in time with the extinction of diseases transmitted sexually and through the blood, primarily syphilis. It looks as if this virus has moved into a vacant spot. This may sound

absurd, but some causal correlation should not be excluded from this coincidence. The African source of AIDS was also--because of a very small number of health centers--the area of massive incidence of old traditional venereal disease. Individuals who tend to enter into frequent and casual sexual intercourse and who, if they travel, become potential carriers of venereal disease from nation to nation and from continent to continent, were infected there primarily by syphilis or gonorrhea--diseases that are readily identifiable. It was only when the place of the common venereal disease was vacated that it became easier to notice the new and unusual disease entity which is more difficult to diagnose. The AIDS virus was discovered among people prone to frequent and casual sexual intercourse where previously syphilis and gonorrhea had been prevalent. For that reason, initially AIDS was believed to be the disease of homosexuals. Later, it was discovered that the infection is transmitted through the blood, particularly among drug addicts using unsterilized syringes and people receiving blood transfusions. Finally, the major problem of virus carriers was discovered: the individuals who show no signs of the disease but can be a source of infection. Professor Peter Piot of the Institute of Tropical Medicine at Antwerp has demonstrated that in Africa the main source of infection is heterosexual contacts. This confirms the results of studies in Australia, where it has been established that one out of 100 prostitutes in the study group was a carrier of the AIDS virus.

This is how this disease entity, which has been initially veiled in a cloud of mystery, turned out to be one of the previously unknown venereal diseases, just another venereal disease. It can be described as "insidious," because, unlike many other venereal diseases, it does not indicate the cause of infection by its symptoms. Syphilis manifests itself at the site of infection before it attacks the nervous system. The signs of AIDS are inexpressive, ambiguous, require tests before diagnosis can be made, because it attacks the immune system, making the body defenseless.

In the country that has been the prime target of AIDS, the United States, about 6,000 people have fallen victim to the disease. A comparison of this number with the total population figure for the United States is no ground for being complacent. These 6,000 are just the tip of the iceberg. A sober evaluation of the threat calls for considering at least two facts. First, the degree of virus proliferation is measured by the number of carriers rather than by the number of dead and afflicted. That number remains unknown, although by all accounts it is many times greater. Secondly, the degree of danger is inversely proportional to progress in available remedies. This progress, although it should be assessed positively when compared with the degree of difficulty, still gives no reason for optimism: until now there is no efficacious proven vaccination against the AIDS virus. So even if Professor Penington's forecast could be attributed to panic, we have to count on further proliferation of the disease in the future.

Here in Poland, the information about AIDS proliferation has been received as a fairy tale, as something that is happening in a faraway land, but is it really that far away? Who can guarantee that there is not a single AIDS

patient in Poland or a least an AIDS carrier? I am afraid that the chance that an average physician in Poland would be able to identify this disease is very small, for the simple reason that our health services have not yet dealt with a single case. The first physician that sees such a patient will have to have an extraordinary diagnostic insight to have the suspicion and send the patient to an extremely specific testing procedure.

Even if the virus, which travels over national boundaries incognito, since it uses the passport of its carrier, has indeed not crossed our borders, this will happen within months. In olden times, diseases traveled with armies during wars and with pilgrims and migrants. For that reason, syphilis, which came to Poland from the West, was called here the French disease, while in Russia it was called the Polish disease. Today, no movement of troops is required. The international division of labor offers an economic incentive for contacts of nations with each other and the related movement of people. There is no need for pilgrims when tourism drives human crowds from nation to nation and from continent to continent.

Imagine that Poland will be spared? Remember how just 20 years ago smog was believed to be purely a phenomenon of London, and the pollution of the Thames or the Rhine was attributed to the flaws of industrialized capitalistic economies? Just a decade ago drug addiction among young people was considered a sign of social degeneration in capitalist countries, and those who warned about the dangers of drug addiction in Poland were considered panicmongers.

Let us now be wise and prepare ourselves for the coming of the AIDS virus, which is certain to arrive here unless stopped by a vaccine. We must be prepared not only in the medical sphere, which is relatively easy. Primarily, we must be prepared in the sphere of sanitary eduction by offering sober and matter-of-fact information to young people about the potential dangers.

Minister of Health Holds Press Conference

Warsaw ZYCIE WARSZAWY in Polish 5 Sep 85 pp 1, 2

[Article by Ewa Dux: "AIDS--Still Unknown in Poland; Most Instances in the United States, Belgium and France"]

[Text] Are there AIDS patients in Poland? Are we prepared to fight this frightening disease? Are its causes known already? These are just three of the more than a dozen questions asked by reporters during the press conference at the Ministry of Health dedicated to this new disease and held on Sept. 4, 1985.

The questions were answered by the deputy minister of health, General Prof. Jerzy Bonczak and Professors Adam Nowoslawski (State Institute of Hygiene) and Waclaw Konarzewski (Kinshasa University, Zaire). They explained that until now in Poland there has not been a single occurrence of AIDS (acquired immune deficiency syndrome). The disease is caused by a virus, as confirmed by abundant indirect evidence.

This virus is transmitted through the blood and body fluids, including saliva and tears. The source of infection is always an AIDS patient. This disease is threatening not only because it is still incurable but also because the incubation period can range from two to 10 years. One cannot contract AIDS on casual contact (for instance, in a crowded bus or while standing on a line), but only through intimate contact, blood transfusion or the use of infected needles for intravenous injections.

AIDS attacks specific groups, mainly homosexuals and bisexuals, as well as drug addicts and hemophiliacs. The largest number of cases have been registered in the United States (12,599 during the past five years) and in Europe in Belgium and France. Most AIDS patients are men, although more cases of this fearful disease have been observed in women and young children recently. The virus mainly attacks individuals aged from 20 to 40 years.

The course of the disease can take various forms, although it always leads to a lowering of the body's defensive barriers. Most typical symptoms are night perspiration, sudden loss of weight, various kinds of skin rash and swelling of lymph nodes. At a later phase, the disease affects the lungs, the meninges and the alimentary tract. There can also be impairment of sight and progressive development of neoplasmic tissue. About 50 percent of the patients die within the first year of AIDS onset and 80 percent in the second year.

Treatment has been of little success, despite the use of various methods, including hypothermia, laser beams and chemotherapy. The entire world of scientific medicine has been working to develop an AIDS vaccine. So far only a substitute for such a vaccine has been offered in France; it does not prevent the disease but only mollifies its course during the initial phase. Following its annual scientific conference at Atlanta, Georgia (United States), the World Health Organization decided to set up a network of medical centers to fight AIDS, to unify the reports of disease occurrence, develop a definition of the disease and take part in the research toward developing a vaccine.

Poland cannot stay on the sidelines. Once AIDS has appeared in Europe with the number of cases growing from year to year, it is threatening Poland as well. The Ministry of Health realizes this fact, and in 1985 has prepared an AIDS information report which was circulated to all physicians. The State Institute of Hygiene has already begun initial serologic tests of individuals belonging to high-risk groups.

No Reported AIDS Cases

Warsaw POLITYKA in Polish No 33, 17 Aug 85 p 6

[Article: "No Reported AIDS Cases"]

[Experpt] According to the director of the National Health Science Research Center, Professor Wieslaw Magdzik, with whom I spoke on 2 August of this year,

there has not been one single reported case of AIDS in Poland. There had been some suspicions about the state of health of a child from Wroclaw, but, fortunately, these fears proved to be groundless. Besides, tests have already been developed that can be used to safely screen blood coming from multiple donors.

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CSO: 5400/3010

NATIONWIDE SANITARY CONDITIONS TERMED 'ALARMING'

Warsaw RZECZPOSPOLITA in Polish 14 Jul 85 p 5

[Article by (uk): "The Opinion of the Committee for Improvement of Sanitary Conditions in the Country: Still No Victory in Fight Against Dirt"]

[Text] "The basic factors for the continued poor sanitary conditions in the country," said Brigadier General Professor Dr. Jerzy Bonczak, MD, speaking at a session of the National Committee on Improvement of Sanitary Conditions, "are the lack of enforcement on the part of administrative bodies, the generally lax attitudes and the failure to understand that dirt is a health hazard."

The situation is alarming. Despite the control measures imposed by the Sanitary and Epidemiology Agencies, the enterprises of the grain processing industry, food processors and dairy and food stores are vying for the top place as the worst offenders in unsanitary behavior. Grave sanitary concerns are associated with the conditions of public places, filthy and undisinfected public bathrooms, as well as garbage dumps and liquid waste disposal sites often located so that they present a health hazard to residents of nearby villages.

Certain effects have been obtained from the operation Landlord-85, during which a large number of fines were imposed on those responsible for sanitary violations. Unfortunately, these results were shortlived. Since January 1985 the Sanitary and Epidemiologic Agency has conducted 790,000 inspections, which resulted in 773,000 fines; 88,000 decisions were made, including 2500 shutdowns.

The hygienic conditions in the Polish countryside offer special cause for concern. The long-term program that is expected to bring considerable improvement will not bring results before a number of years. In the meantime, it is particularly important, therefore, to be strict in enforcing sanitary measures. The chief inspector has confirmed that the sanitary services will continue to be most demanding and consistent with this enforcement.

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CSO: 5400/3010

RABIES THREAT SPARKS NATIONAL, INTERNATIONAL ALERT

Poznan GAZETA POZNANSKA in Polish 7 Aug 85 p 5

[Article by (uka): "Thirty-Nine Individuals Vaccinated: Two Are in the Hospital"]

[Text] From time to time, the media report cases of people attacked by animals infected with rabies. These are generally isolated instances. In this case, however, we are dealing with a large-scale threat, because the carriers of this fatal disease had appeared around Strzeszynek camping grounds, where a large number of people on vacation, including foreign tourists, were staying at the time. The information that rabies has been confirmed in a young cat has been received by the Provincial Sanitary-Epidemiologic Station on Sept. 2. Immediate massive action was instituted affecting all people who had been in contact with the sick animal. Warnings were issued on national radio and in the press. The ambassadors of the nations whose citizens had been lately staying at the vacation spot near Poznan were advised of the event. We have been informed by Dr. Alfred Gallus, MD, the assistant director of the Provincial Sanitary-Epidemiologic Station in Poznan, that as of Aug. 6, 1985, 39 people have been vaccinated. Two patients, one of them a child, have been hospitalized at the Department of Infectious Disease at Srema. Although in the meantime a second rabies-infected cat has been discovered, the number of vaccinated individuals is not expected to rise. At any rate, every effort is being exerted to determine other individuals who could have been in contact with the sick animals. The course of treatment consists of a series of painful injections, but a failure to receive them, unfortunately, almost always has a fatal result. Treatment by a qualified physician guarantees complete recovery.

The threat is serious and, in any case, one should never treat lightly any situation where one comes into contact with stray animals. Many individuals, especially children, often fail to understand the possible consequences. Regrettably, the contact is often initiated by the people themselves, who come to fondle a stray animal that turns out to be the carrier of a dangerous disease.

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CSO: 5400/3010

NATIONAL AIDS FIGURE NOW 21 SAYS EXPERT

Johannesburg THE CITIZEN in English 5 Oct 85 p 13

[Article by Helen Simpson]

[Text]
THE national Aids figure, excluding the two latest Cape Town cases, now stands at 21 said Dr Ruben Sher of the South African Institute of Medical Research.

Out of about 500 people tested by him, 140 were positive to the Aids virus antibody test and an additional 70 to 80 have been classified as having Aids related complex (ARC).

Dr Sher stressed that a large number of these patients were high risk individuals who had been referred to him by their doctors.

"If a person is diagnosed as having antibodies to the Aids virus, HTLV 3/LAV, this tells us that he has been exposed to the virus. He will show no symptoms and is known as an asymptomatic carrier," he said.

According to Dr Sher, with any infectious disease there is a spectrum starting with infection through to death. Different patients reach different stages within that spectrum, he said.

Thus, a person who is infected with the virus may reach a certain stage of the disease and develop no other symptoms.

"Some patients who have been exposed to the Aids virus will, after a certain period of time, show defective cell mediator immunity (CMI), which means that their immune systems have been weakened.

"Another group may then go on to develop ARC which means they will develop symptoms similar to that of Aids. These include enlarged glands, weight loss, diarrhoea and oral thrush.

"If they develop what we call opportunistic diseases, then and only then, do they have Aids," he said.

"Opportunistic diseases include certain infections and certain types of cancer, such as kaposis-sarcoma. In a nutshell, they have developed complications."

Dr Sher stressed that it is not the Aids virus that leads to death, but the complications that may arise from a weakened immune system.

"We see this picture emerging in patients who have defective CMI for other reasons. They have either been born with it or have received organ transplants, when the immune system is purposefully weakened in order to prevent rejection."

Dr Sher says that American studies show that some five to 10 percent of asymptomatic Aids carriers go on to develop Aids.

"With some people it may take five to six years, but I would say it takes an average of two to three years. We are not yet sure what factors actually cause asymptomatic carriers to develop the disease," he said.

● Various cultural habits and practices among Black population groups in Africa may lend themselves to the spreading of Aids, says Dr Sher.

He was reacting to a recent theory suggesting that Aids originated in Zaire among a tribe which ritualistically drank the blood of animals.

He said that these and other practices should be studied in more depth.

Some African tribes even go so far as to perform ritualistic intercourse with animals.

"With any blood-borne disease such as Aids, these practices tend to promote the spread of the disease. This is shown by the fact that in America, about 16 percent of Aids sufferers are intravenous drug abusers," he said.

CSO: 5400/13

JPRS-TEP-85-019
4 November 1985

VENEREAL DISEASE RATE GROWING

Vila VANUATU WEEKLY in English 14 Sep 85 p 13

[Text]

Latest statistics from the Health Education Section of the Ministry of Health show that the number of Ni-Vanuatu who called at Santo and Port Vila Hospitals for medical check-up for VD, more than doubled last year compared with figures of the previous year.

Figures indicate that in 1982, 138 people reported at the hospital and laboratory tests confirmed 52 victims. 1983 saw the figure increase to 250 with 132 confirmed victims and in 1984, it zoomed to a staggering 675 sending the number of confirmed victims to 207 !

A spokesman for Health Education confirmed that these figures represent Gonorrhoea alone. There was one reported and confirmed victim of Syphilis in 1983. This figure rose to 82 last year with six confirmed victims.

One thing is certain. This "silent epidemic", veneral disease, "love disease" or just VD, is eating sure and deep into the lives of the youth of today. Sources reveal that some of the unfortunate victims are as young as 13 !

And worse still is the fact that while knowing very well that they have the disease, some of them do not go at all to seek medical care. Meanwhile those who do go wait until they can no longer cope

CSO: 5400/4312

FORTY YEARS OF HEALTH SECTOR DEVELOPMENT REVIEWED

Hanoi NHAN DAN in Vietnamese 5 Aug 85 pp 3,4

[Article by Professor Hoang Dinh Cau]

[Text] On the 40th anniversary of the founding of the new Vietnam, looking back over the recent past, we see that the health sector has grown continuously stronger.

After the August Revolution in 1945, the health sector received a poor inheritance from the French colonialists--the fatherland destitute, the situation of the people miserable (as evidenced by the terrible famine of 1945, which caused the death of more than 2 million people in the north and the spread of such diseases as cholera, smallpox, malaria, rashes from fleas and body lice, and trachoma). There was nearly no medical base other than a number of "charitable acts" hospitals in provinces and municipalities, a small cadre corps that made a living mainly by "private treatment," and one pharmaceutical college for all three countries of Indochina. The following figures illustrate the poor state of health among the people: the mortality rate was 2.4 percent overall; that of children under 1 year of age was 30 percent; and the average life expectancy for citizens was 34 years. As for the medical cadre corps, there were 51 medical doctors, 152 Indochinese physicians, 36 college pharmacists, 22 Indochinese pharmacists, 1,227 nurses, and 215 midwives.

From the very first days immediately after the August Revolution succeeded, implementing the line of the party and government headed by the esteemed Uncle Ho, the health sector concentrated on the urgent tasks of building a large corps of medical cadres, from hygienists (7-day and 1-month courses) to Red Cross personnel (3-month courses), reopening the pharmaceutical college and other such schools, taking measures to stop epidemics (via widespread injections of domestically-produced vaccines against smallpox, cholera, and typhoid fever), and launching popular drives for preventive hygiene, hygienic living, changing chopsticks when eating, and killing flies, mosquitoes, and rats.

Venereal disease, the legacy of colonialism, especially in areas temporarily occupied by the enemy, was eradicated in the north during the 1960's. Many

positive methods were adopted, such as forming mobile units to go out to temporarily occupied rural areas and find, treat, and run blood-tests on all women confined in childbirth in order to aggressively treat all cases of infectious syphilis. After complete liberation of the south, the experience in the socialist north advanced the cause of the fight against venereal disease and heroin with centers to restore human dignity, and thousands of persons returned to wholesome lives, with value for society, which brought happiness to many families.

Special emphasis was placed on the eradication of leprosy. Leprosy, one of the incurable diseases that used to be so difficult to treat and generated such prejudices among the people is no longer "hard to treat." One contracting leprosy, shunned, and treated with cruelty, and abused by society before, now led a normal life. Thousands of persons recovered, returned to their families, and engaged in productive labor. Propaganda work to promote prevention and control of leprosy reached every citizen and caused him to discard his psychology of concealment and fear, thereby contributing to early detection and thorough treatment. The result was that the rate of leprosy contraction decreased from .2 per thousand to .09 per thousand; the health sector had taken the first step in planning the gradual replacement of leprosy treatment areas with sanatoriums for the seriously disabled who had no place to turn to for care.

The effort to prevent and control tuberculosis conducted since 1958 has been significantly successful. In spite of the two disastrous wars which the people have had to endure over the past 30 years, the rate of tuberculosis contraction decreased among the people from 1.7 per thousand in 1976 to .8 per thousand in 1983. The above results are due to having a broad grassroots-level health network, examinations conducted at regularly scheduled intervals, early detection and positive treatment, and widespread BCG vaccination of newborn babies. In addition to scientific and technological advances in disease prevention and cure, combining the use of Eastern with Western medicine and internal medicine with surgery helped significantly reduce the number of deaths from tuberculosis.

One of the significant accomplishments over the past 40 years was made in the effort to wipe out malaria. An aggressive offensive conducted against malaria in the north in the 1960's had considerable results. Malaria has been eliminated in many localities where it was previously endemic. The fight against malaria has been stepped up in the southern provinces since complete liberation of the south, but we have encountered many problems due to the failure of the old regime to follow through in its efforts, which gave mosquitoes and other parasitic insects resistance to insecticides in a number of localities. Through a combination of spraying insecticides against mosquitoes, detecting disease early and providing positive treatment, and providing prophylactic tablets for use, the rate of contraction decreased daily, from 5.6 per thousand in 1976 to 3.49 per thousand in 1985.

In addition to the diseases mentioned above, the medical sector is conducting programs to fight and control such other infectious and social diseases as diarrhea, trachoma, hemorrhagic fever, blindness, goiter, worms, and oral disease.

widespread vaccination against the six diseases of diphtheria, tetanus, whooping cough, polio, tuberculosis, and measles, especially among children under 6 years of age, decreased the contraction rate significantly.

Most diseases are transmitted to humans through daily contact with the environment. Factors polluting the environment in a developing country like ours are mainly manure, garbage, and water. The health sector made many efforts to perseveringly mobilize the people to build many types of latrines appropriate to each locality and time period--and the best type of latrine presently being adopted by a number of localities is the biological gas tank, which solves the problem of handling manure (human and animal) and organic garbage and at the same time produces methane gas for lighting and for use as cooking fuel or for firewood, reducing the destruction of forests.

On the road to socialist industrialization, fighting environmental pollution to protect the health of workers is a very big issue. In agriculture, we must combat both fast-acting and lingering poisoning, brought about by the constantly increasing use of various insecticides and fertilizers to protect crops and increase yields. In transportation and communications, if intensive planning does not take place, motor vehicles using inappropriate fuels will cause air pollution (55 percent), which causes many respiratory illnesses, including cancer. For many years now, we have tried hard to build up the labor hygiene sector. We have done extensive research on occupational diseases, have sought measures to reduce the vibration and noise of machinery, and have studied ways to clean up the environment in order to safeguard the ability of the worker to work.

An important factor causing "pollution of the social environment" is rapid population growth. The national population was 18 million in 1936, 38 million in 1970, and 53.6 million in 1980, which means that the population doubled in 34 years and tripled in 44 years. Rapid population growth causes hardship in the lives of each class of the people, especially of the working people; health decreases and disease increases and--particularly important--children have less nutrition, which influences the development of posterity. Over many years, the health sector has made many efforts in support of the policy of reducing the rate of population growth, the population growth rate fell from 3.2 percent in the 1960's to 2.2 percent in 1984, and the goal and objective fought for is 1 percent for the period from now to 1990.

The entire health sector is systematically implementing programs related to environmental issues in response to the United Nations' 10-year (1981-1990) program on water and cleaning up the environment.

Over the past 40 years, the pharmaceutics sector in Vietnam gradually grew from a poor, nearly non-existent material base to the establishment of a network of more than 50 pharmaceutics enterprises, which have made many accomplishments supplying medicine and chemicals to the people for the prevention and care of illness. On one hand, industrialization was combined with exploitation of domestic pharmaceutics to satisfy domestic needs and begin exporting; on the other, drives were launched among the people to plant and use medicinal herbs. Many cooperatives have used folk medicines to satisfy 50-70 percent of their own needs for common drugs. Many localities strongly developed efforts to plant and pick medicinal herbs, especially after the health sector's movement to surpass goals in five areas. The five areas in which to surpass goals in the health sector were: construction of the three hygiene-related public works (wells, baths, and latrines); raising the quality of disease prevention and treatment and managing the health of all the citizens in a region; planned parenthood; raising and using medicinal herbs; and perfecting basic-level, district, and ward health organizations.

As of 1 April 1984, 11 districts had surpassed goals in the five areas, and more than 3,000 cooperatives had surpassed goals in attaining self-sufficiency in folk medicine.

Many good results were achieved in the effort to combine modern medicine with traditional medicine. The Institute of Folk Medicine and Institute of Acupuncture are leading centers of the sector, with many accomplishments in the inheritance and development of traditional experience in treatment. Many medical folk beliefs were studied and put to effective use at basic-level health installations.

Strictly adhering to the viewpoint and policy of the party and especially the teaching of Uncle Ho, "...building a health sector appropriate to the needs of the people, medicine must also be based on the principle of folk and mass science," (Letter of Chairman Ho to the Conference of Medical Cadres, February 1955) the health sector of Vietnam has assiduously built a broad urban and rural basic-level health network, for which the two basic points of contact are the ward and the village.

Modern scientific and technical installations at the central echelon have performed such sophisticated procedures as heart, lung, kidney, and neurological surgery, microsurgery within the eye, and procedures in a number of other disciplines such as nuclear medicine and hematology. At the same time, there have been appropriate health organizations in 100 percent of delta and mountain regions, and village aid stations in more than 90 percent of the villages, with medics in more than 80 percent of the aid stations. At the end of this article are statistics on the territorial distribution of medical cadres.

Cadres occupy an important and decisive role in the sector's implementation of party policy. Special attention was given to cadre training. From a single pharmaceutical school for the three countries of Indochina, we built

a network of university-level medical colleges in each region (Bac Thai, Thai Binh, Hue, Tay Nguyen, Can Tho, and Ho Chi Minh City), and more than 40 central-echelon and local medical and pharmaceutical middle schools. Even during the violent war years, medical teaching and study were maintained and developed in response to the needs of service in time of peace as well as in time of war. By the end of 1983, the ranks of cadres in the sector had increased 100 times over the pre-August Revolution levels.

	Before the August Revolution	1983
Graduate degrees in medicine	0	163
Graduate degrees in pharmaceutics	1	65
Medical doctors	51	15,917
Pharmaceutical college graduates	35	5,183
Indochinese medics (mid-level)	152	33,586
Indochinese druggists (mid-level)	22	4,839
Nurses	1,227	115,590
Midwives	215	

The cadres above, though less than the needed number, made a significant contribution to the cause of building Vietnam's health sector. Some cadres have devoted decades to medical work in the mountains, on islands, and on remote frontiers; some comrades lost their lives while performing duties on the front lines of the fatherland. Many comrades made valuable contributions to medicine in Vietnam and even internationally.

During the historical stage of 40 storm-filled, but also glory-filled, years, the health sector of Vietnam achieved some preliminary successes, served peacetime as well as wartime needs, and contributed to upholding the health and increasing the longevity of the people. This is clear from the figures below:

	Before the August Revolution	Today
General mortality rate	2.4%	0.75%
Mortality rate for children under 1 yr	30%	3.35%
Average life span of citizens	34 years	63 years

If we want to build a medical establishment that is "scientific, democratic, and of the masses," as Chairman Ho stressed repeatedly, we must greatly increase our efforts in the health sector. Under the formula of "the state and the people working together," each citizen knowing how to prize himself, maintain his health, and protect his living environment, and, at the same time, with more attention and investment from the state, the medical sector of Vietnam is certain to be able to fulfill its glorious mission to protect the health of all the people, which is the objective of the sector from now to the year 2000.

Table: Territorial Distribution of Cadres

District unit	State medical installations				Village aid stations	
	doctors	medics	college pharmacists	mid-level pharmacists	doctors	medics
Gia Lam (Hanoi)	42	47	9	2		64
Dong Van (Ha Tuyen)	4	25				18
Trang Dinh (Lang Son)	8	27	2	3		17
Quynh Luu (Nghe Tinh)	27	35	7	10	2	63
Huong Hoa (Binh Tri Thien)	7	23	1	1		20
Phu Quoc (Kien Giang)	1	13	1	1		3
Dam Doi (Minh Hai)	3	17		1		4

9830
CSO: 5400/4428

COXSACKIE-B VIRUS SUSPECTED IN DEATH OF INFANTS

Sarajevo OSLOBODJENJE in Serbo-Croatian 24 Sep 85 p 4

[Text] Because several days have passed without new cases of illness among babies born at the maternity clinic in Sarajevo between 30 August and 6 September of this year and later, it is possible to say that the epidemic that recently claimed nine newborn lives has been halted. Additionally, as Dr Sead Brkic, president of the Committee for Health and Social Welfare of the Executive Council of the Assembly of Bosnia-Hercegovina, told us yesterday, very stringent hygiene-epidemiological defense measures have been taken.

Nonetheless, many pregnant women from Sarajevo, frightened by the recent tragedy of families whose newborn suffered a terrible fate, have been going to Zenica, Mostar, Trebinje, and some other cities to give birth. That is really unnecessary, because every danger, even the smallest, has been eliminated, states Professor Brkic, adding: "I completely understand the feeling of the families who have lost children, and I sympathize with them in their sorrow, but I would now send my own child, if I had one, to the maternity clinic without reservations, because I am firmly convinced that there is no longer any danger there."

We learned from the president of the republic's Committee for Health and Social Welfare that on Saturday evening, according to the finding of the microbiology institute in Sarajevo, it was established that the epidemic was caused by a virus of the "Coxsackie" group. Official confirmation is expected from the corresponding institute of the Military Medical Academy in Belgrade. Judging from clinical descriptions of the disease and autopsy findings, it is most likely that the "Coxsackie-B" virus is involved, but it will be another 15 days before it can be isolated and really confirmed to be the culprit. Isolation of suspect viruses lasts approximately 3 weeks, and work at the microbiology institute began 4 or 5 days ago.

This virus, which spreads along the digestive tract, is found in many healthy persons, but it does not cause any undesirable symptoms in adults. However, newborns in their first to eighth days of life, when their natural immunity is low, are very sensitive to the virus, and if it attacks them during this period, the results of the illness are severe. If contact with the virus occurs after the seventh day of life, the illness manifests itself in a much milder form. The incubation period lasts from 2 to 14 days.

The "Coxsackie-B" virus is present throughout the world and occasionally causes epidemics. Well-known from medical literature, for example, is the outbreak that occurred 2 years ago in the United States, where 19 children in one hospital were stricken, and all of them died.

There is no prescribed medicine against this virus. Stricken children are given gammaglobulin and other substances that strengthen the resistance of the body and kept under observation in isolation. This was also done in the children's clinic in Sarajevo as soon as the little patients appeared. Otherwise, the babies who are being treated in this health organization are in relatively good health. Similarly, doctors and nurses are visiting all mothers who gave birth at the maternity clinic during the critical period and monitoring the health of their babies.

CSO: 5400/3001

EXPLODING MYTH OF AIDS' 'AFRICA LINK'

Harare THE HERALD in English 1 Oct 85 p 4

[Article by David Gazi]

[Text] In 1981, a young American male homosexual was diagnosed as having a hitherto unknown disease. The symptoms were loss of weight, fever and a general collapse of the body's defense system leading to attack by a host of viral and fungal infections. The Aids saga had begun.

A year later 1641 cases of Acquired Immune Deficiency Syndrome had been diagnosed. Of these 71 percent were homosexuals, 17 percent intravenous drug abusers and 5 percent were of Haitian origin and less than 1 percent were haemophiliacs. The rest were either bisexuals or close members of victims' families.

Avalanche

There followed an avalanche of reporting on the subject--most of it speculative but some openly mischievous in its total disregard of available fact. Opinions of various "experts" were immortalised as fact overnight by the media, which seemed hell-bent on finding comfortable theory.

The Americans speculated that Haiti was the source of their Aids problem. After all, 5 percent of all American Aids victims were of Haitian origin.

Jane Teas of the Harvard School of Public Health wrote to the Lancet medical journal, and enquired: "Could the Aids agent be a variant of African swine fever virus?" According to her, the first Haitian Aids case occurred at about the same time as an African swine fever virus hit Haiti.

Her theory was that perhaps a local person had eaten undercooked swine flesh, got the Aids virus, then passed it into an American tourist during a sexual encounter.

Dr. I. C. Bybjerd of Denmark's Department of Communicable and Tropical Disease wrote to the same journal suggesting Aids was a tropical disease. He reminded his readers that Manhattan, in New York, was sometimes called "the tropical isle" because its large homosexual community often suffered from diseases usually contracted only in the tropics.

"This name is appropriate today and may even point to the origin of Aids/K.S. (Kaposi"s sarcoma)" wrote Dr Bybjerd. (Kaposi's sarcoma manifests itself in the form of nodules or tumours on the skin. Vital organs such as lungs, liver or kidneys are sometimes attacked, leading to death through disfunction of these organs. The average survival rate of Kaposi's sarcoma victims is 4-8 years).

The inferred link between Aids and K.S. is interesting because it was a major contributor to the new theory suggesting an "African connection". The so-called Aids belt in central Africa is in fact a Kaposi's sarcoma belt.

In 1984, an article was submitted for debate to the British Medical Journal by Dr Kevin de Cock. In it he disputed the Haiti connection. If Aids was a tropical disease, he asked, why was there no epidemic in the Dominican Republic, Haiti's neighbour? In Haiti itself the disease appeared to be confined to the capital, Port au Prince, a favourite holiday resort for American homosexuals. Moreover, he argued, when retrospective cases were viewed it seemed that American Aids antedated the Haitian one.

Cases of Aids had proportionately decreased among Haitian-born people, while increasing in other groups at risk. Aids, therefore, had probably been introduced into Haiti by a vacationing American," wrote Dr de Cock.

Then enter the "African connection". Having seen off the Haitian myth, Dr de Cock proposed his own. Perhaps the Aids virus had existed undetected in Africa, he pontificated. About one-third of American Aids victims develop a virulent form of Kaposi's sarcoma.

Disease

Kaposi's sarcoma was first reported in 1972 by an Austrian detmatologist among Europeans. At the time it was described as a disease of "central European Jews, Poles, Italians and Russians". Waning interest in the disease has resurfaced with the discovery of K.S. in a geographical belt which includes Kenya, Tanzania, Zambia and Zaire.

The first African case of Kaposi's sarcoma was discovered in the Congo (now Zaire) in 1962, and later in the same year a medical report described the disease in African children.

So K.S. is not a new disease that has just been noticed. It existed in Europe for almost 100 years before it was even reported in Africa.

An investigation into a possible link between Aids and Kaposi's sarcoma was undertaken by Prof. Anne Bayley, of the University of Teaching Hospital in Lusaka, in conjunction with other researchers from two British institutions, the Centre for Applied Microbiology and research and the Institute of Cancer Research. The finding of a study of 16 patients was translated by Fleet Street into a Zambian Aids epidemic.

A subsequent report presented to the Lancet in February 1983 by the same research group concluded that: "The low frequency of antibodies to HTLV-III (the Aids virus) in the normal Zambian population together with the first appearance of HTLV-III associated diseases during the past two years suggests that this virus is new to Zambia..."

Victims

The Bureau of Epidemiology in Paris reported that between March and December 1983 it had seen 29 Aids victims. All patients were French residents--27 from the Paris area and two from outside. The patients were asked which countries they had ever visited. Of the 29 people involved only four had been to Africa and no other continent. Of these four, one was a white French homosexual and the other three were heterosexuals.

Of the 29, two were black Zaireans (one male and one female) and one white woman. The rest of the 29 cases were white male homosexuals and most of them had been to the U.S. Despite these statistics, the research surprisingly concluded that Africa was implicated as a source.

Given France's extensive colonial contacts with Africa, one wonders why the whole country has not gone down with Aids.

A group of doctors from three London hospitals co-authored a letter to the Lancet early in 1984 in which they reported Aids in a Ugandan woman. Although the woman had lived in Britain for many years, the fact that she visited Uganda in 1979 was taken as the significant factor in her developing Aids symptoms in 1982.

Drama

More than any other African country, Zaire has borne the brunt of finger-pointing in the Aids drama. A "Blood products"--as--the source--of European--Aids theory was propounded by Dr Colin Jones, of the Newcastle Haemophilia Centre. Apparently companies operating from Europe had been buying cheap African blood for use in Europe since the early 1970s.

However, Dr Jones left the one question unanswered: If Africa was the most probable source of Aids-contaminated blood, why do haemophiliacs make up such a tiny fraction of Aids victims?

An article entitled Aids in Black African Patients was published in the New England Journal of Medicine. Its authors included 14 doctors. The article claimed that between May 1979 and April 1983, 18 previously health Africans had been hospitalised in Belgium with illnesses similar to Aids. Most of these Africans were of good socio-economic background. This led the authors to suggest that what they were seeing was probably the tip of an iceberg, since poor Zaireans could not afford to come to Belgium.

A group of Belgian doctors duly went to Kinshasa. In the three weeks of their initial studies they rounded up "any adult under 60 years of age who had

evidence of an opportunistic infection or disseminated Kaposi's sarcoma". Their tally came to 38 patients: 20 males and 18 females. A disproportionate number of these (surprise, surprise) came from high income groups. Most of the women patients were prostitutes and most therefore likely to have come into contact with pleasure-seeking adventurers from Europe and America.

Prof. Jean-Paul Butzler set up camp in Kigali, Rwanda. In four weeks 26 patients--17 males and 9 females--were studied. Of these, nine were described as having Aids.

The population of Kigali is about 100 000; so it was suggested that nine out of every 100 000 people in Rwanda had Aids. This strange statistical aberration has since gained respectability in some circles. One of Prof. Butzler's observations after the study was that "urban environment, relatively high income and heterosexual promiscuity could be a risk factor for Aids in Africa".

Increase

It is important to note that as in the Zambian case, a sharp increase in an opportunistic infection (crytococosis in Zaire, aggressive K.S. in Zambia) was first noted in Kinshasa in 1981. That is, some time after the American Aids epidemic was already underway.

To their credit, the Belgian study group in Kinshasa concluded their investigation by observing: "Several control patients (those not suspected of having Aids) with malaria and tuberculosis exhibited abnormal immunology tests results as well. Tuberculosis protein and calorie malnutrition and various parasitic diseases can all be associated with cellular immunity. We are unaware therefore of any facts implicating either African or Haitian immigrants from central Africa as the origin of the disease (Aids) and such speculation must be viewed with scepticism unless substantive data appear".

Drug

Meanwhile, Belgian doctors have been experimenting with the drug Suramin on black patients in Kigali. This drug has been used in Africa before for another condition. The strange thing is that Dr R. C. Gallo, the Aids expert from Atlanta, found it necessary to reassure the American and European public by saying: "We wish to stress that the first phase of the trial is to learn whether the drug can be safely administered to patients with Aids."

So, they are learning in Africa!

CSO: 5400/13

MAN SENTENCED IN PLOT TO INFECT CATTLE WITH ANTHRAX

Vancouver THE SUN in English 9 Aug 85 p 8

[Text]

WALKERTON, Ont. (CP) — A Vancouver man who plotted a bizarre scheme to infect European cattle with deadly anthrax and foot-and-mouth disease bacteria was sentenced Thursday to one year in jail.

Provincial court Judge R. W. Olmstead said greed motivated William Fleming, a Belgian immigrant, to conspire to poison or injure cattle in a scheme to bar European beef from Canada.

Fleming, 52, pleaded guilty last week.

"The ramifications are difficult to imagine" had the plan been successful, Olmstead said.

Fleming, who had no previous criminal record, immigrated to Canada from Belgium in 1959 and became a citizen in 1965. He and his wife and two children moved from Montreal to Vancouver.

Evidence at the trial indicated Fleming was the proprietor of St. Andrew's Realty Ltd. in West Vancouver and director of at least three smaller companies. The court was told he has a debt of about $375,000 and faces personal bankruptcy.

Ron Oswald, president of the Canadian Cattlemen's Association, told the court earlier that a man phoned him at his home in Chesley, Ont., about 25 kilometres southwest of Owen Sound, last July and asked, "'How much would it be worth to the Canadian cattlemen to stop these imports from Europe?'"

Oswald said the man mentioned a $200,000 figure.

He was arrested after a taped meeting with Oswald in which Fleming was given $100,000 and the bogus name of a federal government contact who might supply him with anthrax bacteria.

Fleming told Oswald he intended to arrange for the bacteria to be put on salt licks among European cattle, resulting in their being quarantined.

CSO: 5420/31

BRIEFS

FOOT AND MOUTH EPIDEMIC CONTROLLED--Pasto, 7 Sep--Fernando Gomez Moncayo, manager of the ICA [Colombian Agricultural-Livestock Institute], called recent reports by the national mass media about outbreaks of foot and mouth disease "sensationalist." He stated that the epidemic "is under control and there is no reason for concern." He said that, according to statistics, there are 15,000 diseased animals and 2 million more at risk out of a cattle herd of 24 million throughout the country. He called the control measures adopted by the Venezuelan Government, suspending meat imports from Colombia, "normal." He gave assurances that the country can export animals free of the disease to any country on the Atlantic Coast. He noted: "Foot and mouth disease has begun to dissipate in Santander and Sabana de Bogota. I am confident that, by applying measures restricting cattle movement, we will soon solve the problem." He admitted that the outbreaks detected since last May in Sabana de Bogota, Santander, Valle de Ubate and Valle de Chiquinquira were facilitated by the large concentration of dairy cows in those parts of the country. He also admitted: "Although we have counteracted the virus, the disease persists in some areas where the percentage of vaccination barely reaches 9 percent." He acknowledged the shortage of foot and mouth vaccine in the country. He recommended that the cattlemen use the vaccine against the two viruses that normally appear in the herds: A and O. The outbreak of foot and mouth disease began last May in cattle farms in Sopo (Cundinamarca). He said that this was the result of a new virus in the country. He attributed its rapid spread to the fact that it was a new virus "and there was no specific vaccine against it." He admitted: "I recommend using the double vaccine that provides 88 percent protection against the new virus...but there is always an 18 percent risk." [By Edison Parra Garzon] [Text] [Bogota EL TIEMPO in Spanish 8 Sep 85 p 3-A] 7717

CSO: 5400/2100

MAURITIUS

RODRIGUES CONCERNED BY MALIGNANT CATARRHAL FEVER OUTBREAK

Port Louis L'EXPRESS in French 14 Sep 85 pp 1, 5

[Text] Cattle and sheep affected by epidemic of catarrhal fever. Scientists from the University of Glasgow aid efforts to isolate viral infection.

No trace of this contagious disease found in Mauritian herds yet. No danger posed to meat consumers.

The Mauritian veterinary service has gone into action with the sudden appearance in Rodrigues of an epidemic of "malignant catarrhal fever" which is ravaging herds of both cattle and sheep.

In an effort to contain the virus on Rodrigues and prevent it from spreading to Mauritius, where the effects on local livestock could not fail to be disastrous, the Ministry of Agriculture has set in motion a whole series of measures including a ban on the importation of livestock except for purposes of slaughtering, as well as a complete set of veterinary tests to isolate the virus.

No Danger

Specialists from the University of Glasgow Research Center have been enlisted in the government's efforts to bring under control this epidemic which is reportedly very common among African livestock.

Experienced observers in the local veterinary service say that this epidemic of "malignant catarrhal fever" poses no danger to meat consumers, thus justifying the official decision to allow the importation of animals consigned to the central slaughterhouse at Roche Bois to continue, while all others are banned.

Also, sources said that the epidemic should not have any effect on the price of meat.

Local livestock would obviously be threatened if ever the virus made its way to the Isle of Mauritius, L'EXPRESS was told by government veterinarian D. Sibartie. Up to now, no effective treatment for the disease has been devised, and there is no preventive vaccine.

In Three Months

Mr Sibartie early this month was ordered to Rodrigues to gauge the extent of the epidemic, which has primarily affected cattle. The ban was issued following the conclusion of this mission.

Mr Sibartie also indicated that, because of the complexity of the clinical and economic problems posed, there is no justification for alarmism. He suggested that the measures taken so far would enable us to get a better grasp of the entire situation in 3 more months.

The major official concern is the fact that stockmen on Rodrigues depend greatly on their livestock "exports" to Mauritius. The disease is also not confined strictly to cattle. Approximately 10 to 30 percent of susceptible livestock are affected.

Easy Transmission

While "malignant catarrhal fever" is ravaging cattle herds on Rodrigues, it is the sheep flocks that are the "reservoir" of the viral infection. Transmission of the virus from sheep to cattle, who are easily infected, is facilitated by the "communal grazing" practiced on the island.

While awaiting the results of the Rodrigues tests ordered by the veterinary service as well as the University of Glasgow studies, the Ministry of Agriculture has urgently advised stockmen on Rodrigues to keep sheep separated as much as possible from other herds, particularly during the period of parturition (when animals give birth).

End of a Project

The current top priority in the veterinary service is at all costs to avoid introduction of the virus into Mauritius. On Rodrigues the disease had long been latent among sheep before its resurgence.

An initial "screening" by the veterinary services has shown no positive results so far. The fear is that on Mauritius the deer population, which could both transmit and be stricken by this fairly severe virus, might become ideal carriers here.

Also, in the face of the growing incidence of "malignant catarrhal fever," a plan to import breeding stock from Rodrigues to promote sheep raising has been abruptly scrapped. The question was mentioned at the meeting of the "high powered committee" on agricultural diversification chaired by Mr Kishore Deerpalsingh.

A technical committee has been established to find other sources of breeding stock as part of a project financed by the International Fund for Agricultural Development (IFAD).

In 1983 and 1984 respectively, some 4,559 and 4,369 head of sheep were imported from Rodrigues.

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CSO : 5400/7

BARBADOS

BRIEFS

YAM DISEASE--Local yams are being affected by an outbreak of the disease Anthracnose. The problem appears to be island-wide. Symptoms of the disease are a blackening-burning of the youngest shoots and leaves and spotting-blotching on the older leaves. The disease causes a reduction in the level and initiation of tuber formation; unchecked, this problem can cause total crop loss. Once the disease appears control becomes absolutely necessary, the Plant Pathology Unit of the Ministry of Agriculture recommends the use of a M.B.C. derivative sprayed at five day intervals. The concentration should be about two-and-a half tablespoonsfuls-gallon; examples of such fungicides are: Benlate, Mildothane, Peltar and Ridomil; these are examples, however. Farmers already using other chemicals should inform the Plant Pathology Section as to their efficacy in controlling the disease. [Text] [Bridgetown BARBADOS ADVOCATE in English 16 Sep 85 p 2]

CSO: 5440/009

BRIEFS

ANT PLAGUE IN GORONGOSA--A plague of ants is devastating the Gorongosa District in Sofala Province, especially around the district capital, threatening crops stored in granaries and other commodities. The underlying causes of the ant plague are unknown, but is assumed that it is due to the drought. There has been little rain this year. "This kind of ant usually appears when it's very hot and is a sign that it's not going to rain this year," said a farmer, who added that "In 1983 there was another plague just like this one." "Like an epidemic, the ants furiously invade everywhere: they get into brick and stone houses, covering everything." This is how a militiaman described it, adding that "it's bad where we are. We cannot rest or protect our goods..." The district agricultural director, Antonio Romola, confirmed the reports, saying that the district has no insecticides to fight back with. Offices in Beira are preparing to send a specialist from Beira to look into the situation. Mr Romola also said that this type of small ant, whose scientific name he doesn's know, is resistant to DDT and requires stronger insecticides. It should be mentioned that the provincial director of the Disaster Prevention and Control Department, who was in Gorongosa, noted the farmers' fears and promised to help them and take measures to solve the problem. [Text] [Beira DIARIO DE MOZAMBIQUE in Portuguese 14 Sep 85 p 2] 8844

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